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18 Attorneys for Defendants  
19 SEAVIEW INSURANCE COMPANY  
20 and TWO JINN, INC.

21 UNITED STATES DISTRICT COURT  
22 NORTHERN DISTRICT OF CALIFORNIA  
23 OAKLAND DIVISION

24 IN RE CALIFORNIA BAIL BOND  
25 ANTITRUST LITIGATION

Master Docket No. 19-cv-00717-JST

CLASS ACTION

26 THIS DOCUMENT RELATES TO:  
27 ALL ACTIONS

**DECLARATION OF MAX SLADEK DE LA CAL  
IN SUPPORT OF DEFENDANTS' REQUEST  
FOR JUDICIAL NOTICE IN SUPPORT OF  
DEFENDANTS' MOTION TO DISMISS**

Judge: Hon. Jon S. Tigar  
Hearing Date: August 26, 2020  
Courtroom: 2, 4<sup>th</sup> Floor  
Time: 2:00 p.m.  
Trial Date: Not Set

1 I, Max Sladek de la Cal, declare:

2 1. I am an attorney duly licensed to practice law in the State of California and am an  
3 associate with the law firm of Cooley LLP, counsel of record for Defendants Seaview Insurance  
4 Company and Two Jinn, Inc. in this action. I have personal knowledge of the facts set forth herein,  
5 and, if called as a witness, I could and would competently testify thereto. I submit this Declaration in  
6 support of Defendants' Request for Judicial Notice in Support of Defendants' Motion to Dismiss  
7 Plaintiffs' Second Amended Class Action Complaint ("SCAC").

8 2. Attached as **Exhibit 1** to this Declaration is a true and correct copy of an excerpt of the  
9 publicly available California Department of Insurance (CDI) Filing No. 13-6170,<sup>1</sup> submitted by  
10 Defendant Accredited Surety and Casualty Company to the CDI on August 19, 2013. It was obtained  
11 on June 11, 2020 from the publicly available Web Access to Rate and Form Filings ("WARRF")  
12 system, which is available via the CDI's website at [https://interactive.web.insurance.ca.gov/warff/](https://interactive.web.insurance.ca.gov/warff/index.jsp)  
13 [index.jsp](https://interactive.web.insurance.ca.gov/warff/index.jsp) (last visited June 11, 2020).

14 3. Attached as **Exhibit 2** to this Declaration is a true and correct copy of an excerpt of the  
15 publicly available CDI Filing No. 10-5444, submitted by Defendant Accredited Surety and Casualty  
16 Company to the CDI on July 23, 2010. It was obtained from the publicly available WARFF system  
17 on June 11, 2020.

18 4. Attached as **Exhibit 3** to this Declaration is a true and correct copy of an excerpt of the  
19 publicly available CDI Filing No. 97-10504, submitted by Defendant Accredited Surety and Casualty  
20 Company to the CDI on November 12, 1997. It was obtained from the publicly available WARFF  
21 system on June 11, 2020.

22 5. Attached as **Exhibit 4** to this Declaration is a true and correct copy of an excerpt of the  
23 publicly available CDI Filing Nos. 17-4681, 17-6595, submitted by Defendant Allegheny Casualty  
24

25 \_\_\_\_\_  
26 <sup>1</sup> Given the size and length of these documents, Defendants have excerpted the rate filings submitted  
27 as Exhibits 1 through 51 for the Court's convenience and included only the cover pages, the "Filing at  
28 a Glance" pages, the relevant rate schedule page(s), and in some cases, portions quoted or referenced  
in the SCAC or Defendants' Motion to Dismiss. Defendants are prepared to submit the filings in their  
entirety should the Court so wish. Exhibit 52, an annual financial disclosure submitted with the CDI,  
is included in its entirety.

1 Company to the CDI on July 10, 2017. It was obtained from the publicly available WARFF system  
2 on June 11, 2020.

3 6. Attached as **Exhibit 5** to this Declaration is a true and correct copy of an excerpt of the  
4 publicly available CDI Filing Nos. 13-4507, 13-4508, submitted by Defendant Allegheny Casualty  
5 Company to the CDI on June 17, 2013. It was obtained from the publicly available WARFF system  
6 on June 11, 2020.

7 7. Attached as **Exhibit 6** to this Declaration is a true and correct copy of an excerpt of the  
8 publicly available CDI Filing No. 08-2395, submitted by Defendant American Contractors Indemnity  
9 Company to the CDI on February 11, 2008. It was obtained from the publicly available WARFF  
10 system on June 11, 2020.

11 8. Attached as **Exhibit 7** to this Declaration is a true and correct copy of an excerpt of the  
12 publicly available CDI Filing No. 95-4409, submitted by Defendant American Contractors Indemnity  
13 Company to the CDI on June 1, 1995. It was obtained from the publicly available WARFF system on  
14 June 11, 2020.

15 9. Attached as **Exhibit 8** to this Declaration is a true and correct copy of an excerpt of the  
16 publicly available CDI Filing No. 94-682, submitted by Defendant American Surety Company to the  
17 CDI on February 1, 1994. Given the age of this CDI filing, it does not appear to be available on the  
18 WARFF system. Accordingly, it was obtained by counsel from American Surety Company where it  
19 is kept with corporate records. I am informed and believe that there were no subsequent filings by  
20 American Surety Company that sought to change the premium rate.<sup>2</sup>

21 10. Attached as **Exhibit 9** to this Declaration is a true and correct copy of an excerpt of the  
22 publicly available CDI Filing No. 18-5155, submitted by Defendant Bankers Insurance Company to  
23 the CDI on October 10, 2018. It was obtained from the publicly available WARFF system on June  
24 11, 2020.

25 11. Attached as **Exhibit 10** to this Declaration is a true and correct copy of an excerpt of  
26 the publicly available CDI Filing No. 13-7036, submitted by Defendant Bankers Insurance Company

27  
28 <sup>2</sup> The SCAC does not allege otherwise. (See SCAC ¶ 158 (alleging that since 2004 American Surety Company has not attempted “to seek approval of a standard premium rate below 10%”).)

1 to the CDI on September 25, 2013. It was obtained from the publicly available WARFF system on  
2 June 11, 2020.

3 12. Attached as **Exhibit 11** to this Declaration is a true and correct copy of an excerpt of  
4 the publicly available CDI Filing No. 09-4748, submitted by Defendant Bankers Insurance Company  
5 to the CDI on June 10, 2009. It was obtained from the publicly available WARFF system on June 11,  
6 2020.

7 13. Attached as **Exhibit 12** to this Declaration is a true and correct copy of an excerpt of  
8 the publicly available CDI Filing No. 07-838, submitted by Defendant Bankers Insurance Company  
9 to the CDI on January 25, 2007. It was obtained from the publicly available WARFF system on June  
10 11, 2020.

11 14. Attached as **Exhibit 13** to this Declaration is a true and correct copy of an excerpt of  
12 the publicly available CDI Filing No. 05-5598, submitted by Defendant Bankers Insurance Company  
13 to the CDI on July 15, 2005. It was obtained from the publicly available WARFF system on June 11,  
14 2020.

15 15. Attached as **Exhibit 14** to this Declaration is a true and correct copy of an excerpt of  
16 the publicly available CDI Filing No. 03-11, submitted by Defendant Bankers Insurance Company to  
17 the CDI on December 20, 2002. It was obtained from the publicly available WARFF system on June  
18 11, 2020.

19 16. Attached as **Exhibit 15** to this Declaration is a true and correct copy of an excerpt of  
20 the publicly available CDI Filing No. 01-3860, submitted by Defendant Bankers Insurance Company  
21 to the CDI on March 27, 2001. It was obtained from the publicly available WARFF system on June  
22 11, 2020.

23 17. Attached as **Exhibit 16** to this Declaration is a true and correct copy of an excerpt of  
24 the publicly available CDI Filing No. 17-1995, submitted by Defendant Continental Heritage  
25 Insurance Company to the CDI on March 20, 2017. It was obtained from the publicly available  
26 WARFF system on June 11, 2020.

27 18. Attached as **Exhibit 17** to this Declaration is a true and correct copy of an excerpt of  
28 the publicly available CDI Filing No. 12-6468, submitted by Defendant Continental Heritage

1 Insurance Company to the CDI on August 13, 2012. It was obtained from the publicly available  
2 WARFF system on June 11, 2020.

3 19. Attached as **Exhibit 18** to this Declaration is a true and correct copy of an excerpt of  
4 the publicly available CDI Filing No. 09-3983, submitted by Defendant Continental Heritage  
5 Insurance Company to the CDI on May 7, 2009. It was obtained from the publicly available WARFF  
6 system on June 11, 2020.

7 20. Attached as **Exhibit 19** to this Declaration is a true and correct copy of an excerpt of  
8 the publicly available CDI Filing No. 04-7961, submitted by Defendant Continental Heritage  
9 Insurance Company to the CDI on November 5, 2004. It was obtained from the publicly available  
10 WARFF system on June 11, 2020.

11 21. Attached as **Exhibit 20** to this Declaration is a true and correct copy of an excerpt of  
12 the publicly available CDI Filing No. 99-13986, submitted by Defendant Continental Heritage  
13 Insurance Company to the CDI on November 8, 1999. It was obtained from the publicly available  
14 WARFF system on June 11, 2020.

15 22. Attached as **Exhibit 21** to this Declaration is a true and correct copy of an excerpt of  
16 the publicly available CDI Filing No. 11-1995, submitted by Defendant Danielson National Insurance  
17 Company to the CDI on February 22, 2011. It was obtained from the publicly available WARFF  
18 system on June 11, 2020.

19 23. Attached as **Exhibit 22** to this Declaration is a true and correct copy of an excerpt of  
20 the publicly available CDI Filing No. 11-1385, submitted by Defendant Danielson National Insurance  
21 Company to the CDI on February 2, 2011. It was obtained from the publicly available WARFF system  
22 on June 11, 2020.

23 24. Attached as **Exhibit 23** to this Declaration is a true and correct copy of an excerpt of  
24 the publicly available CDI Filing No. 08-1743, submitted by Defendant Danielson National Insurance  
25 Company to the CDI on January 31, 2008. It was obtained from the publicly available WARFF system  
26 on June 11, 2020.

27 25. Attached as **Exhibit 24** to this Declaration is a true and correct copy of an excerpt of  
28 the publicly available CDI Filing No. 18-2776, submitted by Defendant Financial Casualty & Surety,

1 Inc. to the CDI on May 11, 2018. It was obtained from the publicly available WARFF system on June  
2 11, 2020.

3 26. Attached as **Exhibit 25** to this Declaration is a true and correct copy of an excerpt of  
4 the publicly available CDI Filing No. 14-7527, submitted by Defendant Financial Casualty & Surety,  
5 Inc. to the CDI on October 8, 2014. It was obtained from the publicly available WARFF system on  
6 June 11, 2020.

7 27. Attached as **Exhibit 26** to this Declaration is a true and correct copy of an excerpt of  
8 the publicly available CDI Filing No. 04-8381, submitted by Defendant Financial Casualty & Surety,  
9 Inc. to the CDI on November 17, 2004. It was obtained from the publicly available WARFF system  
10 on June 11, 2020.

11 28. Attached as **Exhibit 27** to this Declaration is a true and correct copy of an excerpt of  
12 the publicly available CDI Filing No. 05-6589, submitted by Defendant Indiana Lumbermens Mutual  
13 Insurance Company to the CDI on August 24, 2005. It was obtained from the publicly available  
14 WARFF system on June 11, 2020.

15 29. Attached as **Exhibit 28** to this Declaration is a true and correct copy of an excerpt of  
16 the publicly available CDI Filing Nos. 17-4681, 17-6595, submitted by Defendant International  
17 Fidelity Insurance Company to the CDI on July 10, 2017. It was obtained from the publicly available  
18 WARFF system on June 11, 2020.

19 30. Attached as **Exhibit 29** to this Declaration is a true and correct copy of an excerpt of  
20 the publicly available CDI Filing Nos. 13-4507, 13-4508, submitted by Defendant International  
21 Fidelity Insurance Company to the CDI on June 17, 2013. It was obtained from the publicly available  
22 WARFF system on June 11, 2020.

23 31. Attached as **Exhibit 30** to this Declaration is a true and correct copy of an excerpt of  
24 the publicly available CDI Filing No. 15-10267, submitted by Defendant Lexington National  
25 Insurance Company to the CDI on November 18, 2015. It was obtained from the publicly available  
26 WARFF system on June 11, 2020.

27 32. Attached as **Exhibit 31** to this Declaration is a true and correct copy of an excerpt of  
28 the publicly available CDI Filing No. 06-8729, submitted by Defendant Lexington National Insurance

1 Company to the CDI on August 26, 2009. It was obtained from the publicly available WARFF system  
2 on June 11, 2020.

3 33. Attached as **Exhibit 32** to this Declaration is a true and correct copy of an excerpt of  
4 the publicly available CDI Filing No. 03-3414, submitted by Defendant Lexington National Insurance  
5 Company to the CDI on May 19, 2003. It was obtained from the publicly available WARFF system  
6 on June 11, 2020.

7 34. Attached as **Exhibit 33** to this Declaration is a true and correct copy of an excerpt of  
8 the publicly available CDI Filing No. 11-5648, submitted by Defendant Lexon Insurance Company to  
9 the CDI on June 27, 2011. It was obtained from the publicly available WARFF system on June 11,  
10 2020.

11 35. Attached as **Exhibit 34** to this Declaration is a true and correct copy of an excerpt of  
12 the publicly available CDI Filing Nos. 13-3655, 13-3656, 13-3657, submitted by Defendant The North  
13 River Insurance Company to the CDI on May 7, 2013. It was obtained from the publicly available  
14 WARFF system on June 11, 2020.

15 36. Attached as **Exhibit 35** to this Declaration is a true and correct copy of an excerpt of  
16 the publicly available CDI Filing Nos. 12-724, 12-725, 12-726, submitted by Defendant The North  
17 River Insurance Company to the CDI on January 19, 2012. It was obtained from the publicly available  
18 WARFF system on June 11, 2020.

19 37. Attached as **Exhibit 36** to this Declaration is a true and correct copy of an excerpt of  
20 the publicly available CDI Filing Nos. 07-4496, 07-4497, submitted by Defendant The North River  
21 Insurance Company to the CDI on May 4, 2007. It was obtained from the publicly available WARFF  
22 system on June 11, 2020.

23 38. Attached as **Exhibit 37** to this Declaration is a true and correct copy of an excerpt of  
24 the publicly available CDI Filing Nos. 06-1938, 06-1939, submitted by Defendant The North River  
25 Insurance Company to the CDI on March 11, 2006. It was obtained from the publicly available  
26 WARFF system on June 11, 2020.

27 39. Attached as **Exhibit 38** to this Declaration is a true and correct copy of an excerpt of  
28 the publicly available CDI Filing No. 16-3207, submitted by Defendant Philadelphia Reinsurance

1 Corporation to the CDI on May 27, 2016. It was obtained from the publicly available WARFF system  
2 on June 11, 2020.

3 40. Attached as **Exhibit 39** to this Declaration is a true and correct copy of an excerpt of  
4 the publicly available CDI Filing No. 11-6920, submitted by Defendant Seaview Surety Holding, Inc.  
5 to the CDI on July 29, 2011. It was obtained from the publicly available WARFF system on June 11,  
6 2020.

7 41. Attached as **Exhibit 40** to this Declaration is a true and correct copy of an excerpt of  
8 the publicly available CDI Filing No. 18-3953, submitted by Defendant Seneca Insurance Company  
9 to the CDI on July 24, 2018. It was obtained from the publicly available WARFF system on June 11,  
10 2020.

11 42. Attached as **Exhibit 41** to this Declaration is a true and correct copy of an excerpt of  
12 the publicly available CDI Filing No. 07-6650, submitted by Defendant Seneca Insurance Company  
13 to the CDI on October 18, 2007. It was obtained from the publicly available WARFF system on June  
14 11, 2020.

15 43. Attached as **Exhibit 42** to this Declaration is a true and correct copy of an excerpt of  
16 the publicly available CDI Filing No. 05-1194, submitted by Defendant Seneca Insurance Company  
17 to the CDI on February 1, 2005. It was obtained from the publicly available WARFF system on June  
18 11, 2020.

19 44. Attached as **Exhibit 43** to this Declaration is a true and correct copy of an excerpt of  
20 the publicly available CDI Filing No. 03-5751, submitted by Defendant Seneca Insurance Company  
21 to the CDI on August 4, 2003. It was obtained from the publicly available WARFF system on June  
22 11, 2020.

23 45. Attached as **Exhibit 44** to this Declaration is a true and correct copy of an excerpt of  
24 the publicly available CDI Filing No. 17-20, submitted by Defendant Sun Surety Insurance Company  
25 to the CDI on December 22, 2016. It was obtained from the publicly available WARFF system on  
26 June 11, 2020.

27 46. Attached as **Exhibit 45** to this Declaration is a true and correct copy of an excerpt of  
28 the publicly available CDI Filing No. 08-11696, submitted by Defendant Sun Surety Insurance

1 Company to the CDI on August 17, 2008. It was obtained from the publicly available WARFF system  
2 on June 11, 2020.

3 47. Attached as **Exhibit 46** to this Declaration is a true and correct copy of an excerpt of  
4 the publicly available CDI Filing Nos. 13-3655, 13-3656, 13-3657, submitted by Defendant United  
5 States Fire Insurance Company to the CDI on May 7, 2013. It was obtained from the publicly available  
6 WARFF system on June 11, 2020.

7 48. Attached as **Exhibit 47** to this Declaration is a true and correct copy of an excerpt of  
8 the publicly available CDI Filing Nos. 12-724, 12-725, 12-726, submitted by Defendant United States  
9 Fire Insurance Company to the CDI on January 19, 2012. It was obtained from the publicly available  
10 WARFF system on June 11, 2020.

11 49. Attached as **Exhibit 48** to this Declaration is a true and correct copy of an excerpt of  
12 the publicly available CDI Filing Nos. 07-4496, 07-4497, submitted by Defendant United States Fire  
13 Insurance Company to the CDI on May 4, 2007. It was obtained from the publicly available WARFF  
14 system on June 11, 2020.

15 50. Attached as **Exhibit 49** to this Declaration is a true and correct copy of an excerpt of  
16 the publicly available CDI Filing Nos. 06-1938, 06-1939, submitted by Defendant United States Fire  
17 Insurance Company to the CDI on March 11, 2006. It was obtained from the publicly available  
18 WARFF system on June 11, 2020.

19 51. Attached as **Exhibit 50** to this Declaration is a true and correct copy of an excerpt of  
20 the publicly available CDI Filing No. 17-7130, submitted by Defendant Universal Fire & Casualty  
21 Insurance Company to the CDI on October 10, 2017. It was obtained from the publicly available  
22 WARFF system on June 11, 2020.

23 52. Attached as **Exhibit 51** to this Declaration is a true and correct copy of an excerpt of  
24 the publicly available CDI Filing No. 11-1622, submitted by Defendant Williamsburg National  
25 Insurance Company to the CDI on February 4, 2011. It was obtained from the publicly available  
26 WARFF system on June 11, 2020.

27 53. Attached as **Exhibit 52** to this Declaration is a true and correct copy of the Annual  
28 Statement For the Year Ended December 31, 2018, submitted to the CDI by Defendant Continental

1 Heritage Insurance Company. It was obtained from the following publicly available CDI website on  
2 June 11, 2020: <https://interactive.web.insurance.ca.gov/sdrive/companyprofile/2018/property>  
3 [AndCasualty/annual/39551.2018.P.AN.PK.O.M.3642092.pdf](https://interactive.web.insurance.ca.gov/sdrive/companyprofile/2018/property).

4  
5 I declare under penalty of perjury that the foregoing is true and correct. Executed on June 12,  
6 2020 in Los Angeles, California.

7  
8 /s/ Max Sladek de la Cal

9 Max Sladek de la Cal  
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# Exhibit 1

*Accredited Surety and Casualty Company*

***Rule revision filing 13-6170***

*Filed: August 19, 2013*

*Effective: October 16, 2013*

*Excerpted to include cover pages and rate schedule only.*

---

<b>State:</b>	California	<b>Filing Company:</b>	Accredited Surety and Casualty Company, Inc.
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Bail Bond		
<b>Project Name/Number:</b>	Bail Bond Forms /2013-08-CA-01-F		

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## Filing at a Glance

Company:	Accredited Surety and Casualty Company, Inc.
Product Name:	Bail Bond
State:	California
TOI:	24.0 Surety
Sub-TOI:	24.0000 Surety
Filing Type:	Form
Date Submitted:	08/19/2013
SERFF Tr Num:	ACSA-129163310
SERFF Status:	Closed-Approved
State Tr Num:	13-6170
State Status:	Approved
Co Tr Num:	2013-08-CA-01-F
Effective Date	On Approval
Requested (New):	
Effective Date	On Approval
Requested (Renewal):	
Author(s):	Michelle Smith
Reviewer(s):	Ashok Viswanathan (primary), Jerome Tu
Disposition Date:	10/16/2013
Disposition Status:	Approved
Effective Date (New):	10/16/2013
Effective Date (Renewal):	10/16/2013

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** Bail Bond  
**Project Name/Number:** Bail Bond Forms /2013-08-CA-01-F

**Filing Company:** Accredited Surety and Casualty Company, Inc.

## General Information

Project Name: Bail Bond Forms  
Project Number: 2013-08-CA-01-F  
Reference Organization: N/A  
Reference Title: N/A  
Filing Status Changed: 10/16/2013  
State Status Changed: 10/16/2013  
Created By: Michelle Smith  
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed  
Domicile Status Comments: CA specific forms  
Reference Number: N/A  
Advisory Org. Circular: N/A  
Deemer Date: 10/29/2013  
Submitted By: Michelle Smith

### Filing Description:

Accredited Surety and Casualty Company, Inc. has updated the following bail bond forms with company's new logo, address and revised their form numbers for use with a Bail Bond only in the State of California:

1. ASC-CA-002 (07-2013) Bail Bond Rates
2. ASC-CA-006 (07-2013) Bail Bond
3. ASC-CA-007 (07-2013) Appeal Bail Bond
4. ASC-CA-008 (07-2013) Indictment Bail Bond
5. ASC-CA-009 (07-2013) Fugitive Bail Bond
6. ASC-CA-010 (08-2013) Surety Bond for Preliminary and/or Court Appearance of Defendant
7. ASC-CA-013 (07-2013) Reassumption of Liability of Bail Bond Order
8. ASC-CA-014 (07-2013) Authorization to Arrest Defendant on Bail Bond
9. ASC-CA-018 (07-2013) Authorization Regarding Deed of Trust
10. ASC-CA-019 (07-2013) Full Reconveyance
11. ASC-CA-020 (07-2013) Receipt Acknowledging Surrender of Defendant by Bondsman
12. ASC-CA-025 (07-2013) Acknowledgement of 8% Premium Policy
13. ASC-CA-026 (07-2013) Certificate of 8% Premium
14. ASC-QPA-001 (08-2013) Qualifying Power of Attorney

No change is made to the content of the above bail forms except logo, form #/edition, title and footer; some forms may have cosmetic changes. A list of updated forms with detailed descriptions is provided by the Explanatory Memorandum under Supporting Documentation. All updated forms will be applied to the existing line of bail bond business written by the Company.

Your early review and approval is greatly appreciated.

## Company and Contact

### Filing Contact Information

Michelle Smith,  
PO Box 140855  
Orlando, FL 32814

michelle.smith@accredited-inc.com  
407-629-2131 [Phone]  
407-691-1875 [FAX]

**State:** California **Filing Company:** Accredited Surety and Casualty Company, Inc.  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** Bail Bond  
**Project Name/Number:** Bail Bond Forms /2013-08-CA-01-F

### Filing Company Information

Accredited Surety and Casualty Company, Inc.	CoCode: 26379	State of Domicile: Florida
PO Box 140855	Group Code:	Company Type: Property and Casualty
Orlando, FL 32814	Group Name:	State ID Number: 4522-9
(407) 629-2131 ext. [Phone]	FEIN Number: 59-1362150	

### Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:

### State Specific

Variance Requested? (Yes/No): No



Accredited Surety and Casualty Company, Inc.  
4798 New Broad Street, Suite 200, Orlando, FL 32814  
(800) 432-2799  
(407) 629-2131  
Fax (407) 629-4571

(PLACE BAIL AGENT'S ADDRESS STAMP HERE)

## BAIL BOND RATES

THE FOLLOWING RATES WILL BE CHARGED ON BAIL BONDS:

**CALIFORNIA BAIL BOND PREMIUMS WILL BE CHARGED AT A RATE OF \$50.00 FOR BONDS UP TO AND INCLUDING \$500. BONDS \$501.00 AND OVER WILL BE CHARGED AT THE RATE OF 10% OF THE PENAL AMOUNT OF THE BOND. 8% OF THE PENAL AMOUNT OF THE BOND MAY BE USED IF DEFENDANT QUALIFIES FOR USING THE CERTIFICATE OF 8% PREMIUM WORKSHEET.**

**FEDERAL BAIL BOND PREMIUMS WILL BE CHARGED AT A RATE OF 12% OF THE PENAL AMOUNT OF THE BOND.**

**A MINIMUM PREMIUM CHARGE OF \$50.00 APPLIES TO ALL BONDS.**

EFFECTIVE DATE OF THIS NOTICE \_\_\_\_\_ **OCTOBER 22, 2010**

### NOTE

**These rates must be charged by ALL agents of Accredited Surety and Casualty Company, Inc. These rates are for premium only and do not include other expenses incurred, such as telephone, posting fees, appraisals or lot book reports, travel and other miscellaneous expenses.**

ALL AGENTS: Please post this rate chart in public view in your office

## ACKNOWLEDGEMENT OF 8% PREMIUM POLICY

Accredited Surety and Casualty Company, Inc. ("Accredited Surety") has a variable 8% - 10% premium rate filed with the California Department of Insurance for bail bonds written by Bail Agents ("Agent") duly licensed and appointed with Accredited Surety. Qualifications for receiving the 8% premium rate are as follows:

- **Private Counsel** – A letter from the private attorney retained by the defendant or a copy of the contract between the private attorney and defendant must be received by the Agent within ten (10) business days of the bond execution date. The attorney must be retained within five (5) business days of the bond execution date.
- **Union Member** – Defendant must provide Agent with proof of active membership within five (5) business days of the bond execution date. A recent pay stub or a union card with a current expiration date is acceptable proof.
- **Military** – The defendant is an active member of the United States Military or an honorably discharged Veteran of the United States Military. Proof must be provided within five (5) business days.
- **Senior Citizen** – Defendants age 55 or older. An active Driver's License, State Issued ID or Passport must be provided within five (5) business days.
- **Collateral** – Collateral must be provided when the bond is written. Acceptable forms of collateral provided to the Agent are cash, first or second mortgages on improved property or other collateral approved by Accredited Surety.
  - Cash collateral of 50% and above the face amount of the bond qualifies for an 8% premium rate.
  - Mortgages must be executed when the bond is written; mortgages must be recorded within five (5) business days.

Proper evidence must be provided to meet the requirements of California State Law. If proper evidence is received within the allotted time period defined above, you will be notified by mail that the premium rate has been reduced to 8%. Any account balance and promissory note will also be adjusted to reflect the new rate.

By signing below, you acknowledge that you have read and understand the 8% Premium Policy and agree to its terms.

_____	_____	_____
Defendant	Print Name	Date
_____	_____	_____
Indemnitor	Print Name	Date
_____	_____	_____
Indemnitor	Print Name	Date

# Exhibit 2

*Accredited Surety and Casualty Company*

***Rule revision filing 10-5444***

*Filed: July 23, 2010*

*Effective: September 22, 2010*

*Excerpted to include cover pages and rate schedule only.*

SERFF Tracking Number:	WESA-126737080	State:	California
Filing Company:	Accredited Surety and Casualty Company	State Tracking Number:	10-5444
Company Tracking Number:	2010-07-31-CA-1		
TOI:	24.0 Surety	Sub-TOI:	24.0000 Surety
Product Name:	Bail Bond		
Project Name/Number:	Submission of new forms and rule for Bail Bond Product/2010-07-31-CA-1		

## Filing at a Glance

Company: Accredited Surety and Casualty Company

Product Name: Bail Bond

TOI: 24.0 Surety

Sub-TOI: 24.0000 Surety

Filing Type: Form/Rule

SERFF Tr Num: WESA-126737080 State: California

SERFF Status: Closed-Approved State Tr Num: 10-5444

Co Tr Num: 2010-07-31-CA-1

Co Status:

Author: Westmont Associates

Date Submitted: 07/23/2010

State Status: Approved

Reviewer(s): Michael Jones,  
Jerome Tu

Disposition Date: 09/22/2010

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 09/22/2010

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):  
09/22/2010

## General Information

Project Name: Submission of new forms and rule for Bail Bond Product Status of Filing in Domicile: Not Filed

Project Number: 2010-07-31-CA-1

Domicile Status Comments: N/a - CA only  
submission

Reference Organization: None

Reference Number: None

Reference Title: None

Advisory Org. Circular: None

Filing Status Changed: 09/22/2010

Company Status Changed:

State Status Changed: 09/22/2010

Deemer Date: 10/05/2010

Created By: Westmont Associates

Submitted By: Westmont Associates

Corresponding Filing Tracking Number:

Filing Description:

Accredited Surety and Casualty Company, Inc. (ASC) hereby submits this rule  
revision to our Bail Bonds.

This rule change adds additional factors that may enable applicants to qualify for  
Preferred rates. The rationale for adding these factors is that ASC believes  
defendants with Private Counsel or defendants who are Union Members, Military,  
Senior Citizens or provide collateral are less of a flight risk. ASC believes  
implementing this rule will enable ASC to be more competitive in the CA  
marketplace. Additionally, these factors are currently being used in the marketplace  
by both American Contractors Indemnity Company (filing 08-2395) and

SERFF Tracking Number: WESA-126737080 State: California  
Filing Company: Accredited Surety and Casualty Company State Tracking Number: 10-5444  
Company Tracking Number: 2010-07-31-CA-1  
TOI: 24.0 Surety Sub-TOI: 24.0000 Surety  
Product Name: Bail Bond  
Project Name/Number: Submission of new forms and rule for Bail Bond Product/2010-07-31-CA-1

Bankers Insurance Company (filing 09-4748).

## Company and Contact

### Filing Contact Information

Wesley Pohler, AVP wes@westmontlaw.com  
25 Chestnut Street 856-216-0220 [Phone]  
Suite 105 856-216-0303 [FAX]  
Haddonfield, NJ 08033

### Filing Company Information

(This filing was made by a third party - westmontassociatesinc)

Accredited Surety and Casualty Company	CoCode: 26379	State of Domicile: Florida
25 Chestnut Street	Group Code: -99	Company Type: Property and Casualty
Suite 105	Group Name:	State ID Number:
Haddonfield, NJ 08094	FEIN Number: 59-1362150	
(856) 216-0220 ext. [Phone]		

-----

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Accredited Surety and Casualty Company	\$0.00		

## State Specific

Variance Requested? (Yes/No): Yes



ACCREDITED SURETY AND CASUALTY COMPANY, INC.  
ACKNOWLEDGEMENT OF 8% PREMIUM POLICY

Accredited Surety and Casualty Company, Inc. ("Accredited Surety") has a variable 8% - 10% premium rate filed with the California Department of Insurance for bail bonds written by Bail Agents ("Agent") duly licensed and appointed with Accredited Surety. Qualifications for receiving the 8% premium rate are as follows:

- **Private Counsel** – A letter from the private attorney retained by the defendant or a copy of the contract between the private attorney and defendant must be received by the Agent within ten (10) business days of the bond execution date. The attorney must be retained within five (5) business days of the bond execution date.
- **Union Member** – Defendant must provide Agent with proof of active membership within five (5) business days of the bond execution date. A recent pay stub or a union card with a current expiration date is acceptable proof.
- **Military** – The defendant is an active member of the United States Military or an honorably discharged Veteran of the United States Military. Proof must be provided within five (5) business days.
- **Senior Citizen** – Defendants age 55 or older. An active Driver's License, State Issued ID or Passport must be provided within five (5) business days.
- **Collateral** – Collateral must be provided when the bond is written. Acceptable forms of collateral provided to the Agent are cash, first or second mortgages on improved property or other collateral approved by Accredited Surety. Cash collateral of 50% and above the face amount of the bond qualifies for an 8% premium rate. Mortgages must be executed when the bond is written; mortgages must be recorded within five (5) business days.

Proper evidence must be provided to meet the requirements of California State Law. If proper evidence is received within the allotted time period defined above, you will be notified by mail that the premium rate has been reduced to 8%. Any account balance and promissory note will also be adjusted to reflect the new rate.

By signing below, you acknowledge that you have read and understand the 8% Premium Policy and agree to its terms.

_____ Defendant	_____ Print Name	_____ Date
_____ Indemnitor	_____ Print Name	_____ Date
_____ Indemnitor	_____ Print Name	_____ Date

AGENT'S INFORMATION

Date: \_\_\_\_\_

Defendant: \_\_\_\_\_

Bond Number(s): \_\_\_\_\_

Charge(s): \_\_\_\_\_

**Certificate of 8% Premium** (Conditions and Underwriting Guidelines Apply)

Please mark the condition(s) that may qualify you for an 8% premium rate, complete the information and attach any required documentation:

\_\_\_ **Private Counsel** – A letter from the private attorney retained by the defendant or a copy of the contract between the private attorney and defendant must be received by the Agent within ten (10) business days of the bond execution date. The attorney must be retained within five (5) business days of the bond execution date.

\_\_\_ **Union Member** – Defendant must provide Agent with proof of active membership within five (5) business days of the bond execution date. A recent pay stub or a union card with a current expiration date is acceptable proof.

\_\_\_ **Military** – The defendant is an active member of the United States Military or an honorably discharged Veteran of the United States Military. Proof must be provided within five (5) business days.

\_\_\_ **Senior Citizen** – Minimum age of 55. An active Driver's License, State Issued ID or Passport must be provided.

\_\_\_ **Collateral** – Collateral must be provided when the bond is written. Acceptable forms of collateral provided to the Agent are cash, first or second mortgages on improved property or other collateral approved by Accredited Surety.

Cash collateral of 50% and above the face amount of the bond qualifies for an 8% premium rate.  
Mortgages must be executed when the bond is written; mortgages must be recorded within five (5) business days.

Accredited Surety and Casualty Company, Inc. ("Accredited Surety") has a variable 8% - 10% premium rate filed with the California Department of Insurance for bail bonds written by Bail Agents ("Agents") duly licensed and appointed with Accredited Surety. **Please assist us in protecting this premium adjustment by completing the information above, sign below and return the required documentation to us within five (5) business days.**

***I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. I agree to indemnify Agent for any claims arising out of its reliance on this declaration. If it is determined that the above is not true and correct, Agent shall notify declaring that the bail bond premium rate has been increased to 10%. If this occurs, declaring agrees to immediately pay the additional premium to Agent.***

Executed this \_\_\_\_ day of \_\_\_\_, 20\_\_.

\_\_\_\_\_  
Defendant: Signature

\_\_\_\_\_  
Indemnitor: Signature

\_\_\_\_\_  
Defendant: Printed Name

\_\_\_\_\_  
Indemnitor: Printed Name



**Accredited**  
Accredited Surety and Casualty Company, Inc.  
California Bail Bond  
Manual Page

<b><u>Penal Amount of Bail Bond:</u></b>	<b><u>Premium Rate:</u></b>
Up to and including \$500.00	\$50.00
\$501.00 and over	10% of the Penal Bond Amount, 8% of the Penal Bond Amount may be used if the Defendant qualifies using the Certificate of 8% Premium worksheet.
All Federal Bail Bonds	12% of the Penal Bond Amount

# **FILING MEMORANDUM**

## **BAIL BONDS**

Accredited Surety and Casualty Company, Inc. (ASC) hereby submits this rule revision to our Bail Bonds.

This rule change adds additional factors that may enable applicants to qualify for Preferred rates. The rationale for adding these factors is that ASC believes defendants with Private Counsel or defendants who are Union Members, Military, Senior Citizens or provide collateral are less of a flight risk. ASC believes implementing this rule will enable ASC to be more competitive in the CA marketplace. Additionally, these factors are currently being used in the marketplace by both American Contractors Indemnity Company (filing 08-2395) and Bankers Insurance Company (filing 09-4748)

# Exhibit 3

*Accredited Surety and Casualty Company*

***New program filing 97-10504***

*Filed: November 12, 1997*

*Effective: February 3, 1998*

*Excerpted to include cover pages and rate schedule only.*

## DEPARTMENT OF INSURANCE

RATE REGULATION DIVISION

RATE FILING BUREAU

45 Fremont St., 23rd Floor

San Francisco, CA 94105



January 5, 1998

Ms. Lisa Williams  
Analyst, Westmont Associates  
Accredited Surety & Casualty Company, Inc. (FL)  
25 Chestnut Street, Suite 105  
Haddonfield, NJ 08033

RE: APPROVAL LETTER

**ACCREDITED SURETY & CASUALTY COMPANY, INC. (FL)** has submitted an application for approval regarding the following line of business:

CDI App. Nos.: **97-10504**  
Insurer File No.: **CA-97-00**  
Type of Filing: **New Program**  
Line of Insurance: **Commercial Surety**  
Program: **Bail Bonds**  
% Rate Change Approved: **0**

Only the changes specifically requested in the application set forth above are approved. No other application is herein approved, whether incorporated by reference, or filed prior to or subsequent to the application set forth above. The insurer named above may immediately issue policies pursuant to this approval and, in any event, must do so within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced line may be approved or ordered by the insurance Commissioner.

Signed,

A handwritten signature in dark ink, appearing to read "R. E. Holbrook", followed by a stylized flourish or set of initials.

Richard E. Holbrook  
Chief, Rate Filing Bureau - San Francisco  
Tel: (415) 538-4300

# ACKNOWLEDGEMENT

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)

## APPLICATION FOR APPROVAL OF INSURANCE RATES

Your file #: CA-97-00  
(15 characters maximum)

☐ Original ☐ Copy 1 ☐ Copy 2

Does this file contain group data? Yes ☐ No ☒

Is this a specialty filing? Yes ☐ No ☒

Note: A separate CA-RA1 page must be submitted  
for each company within a group filing.

Latest applicable CDI File No. in this Line, Subline  
and/or Program:

N/A

Company Name Accredited Surety & Casualty Group Name \_\_\_\_\_

NAIC Company Code 26379 NAIC Group Code 000

Organized Under the Laws of the State of Florida

Line of Insurance Comm Surety Subline Other  
(as it appears in CA-RA3) (as it appears in CA-RA3)

Program Bail Bonds

Home Office 918 S. Orange Avenue, Orlando Florida 32856

Main Administrative Office in California \_\_\_\_\_

Name and Title of Contact Person Lisa Williams, Analyst, Westmont Associates

Toll Free Phone No.:( 609) 216-0220 Fax No.:( 609 ) 216-0303

If not available, collect calls will be made.

Internet Address (if available): \_\_\_\_\_

Mailing Address 25 Chestnut Street, Suite 105, Haddonfield, NJ 08033

RATE FILING BUREAU-SF

NOV 12 1997

I declare under penalty of perjury, under the laws of the State of California, that the information filed is  
true, complete, and correct.

Lisa Williams  
Authorized Signature

10/21/97  
Date of Filing

609-216-0220  
Telephone Number

88

Department Use Only

FILING NO.: 97-10504

DATE FILED: 11-12-97

COMPLIANCE DATE: 11-26-97

DATE PUBLIC NOTIFIED: 12-5-97

DEEMER DATE: 2-3-98

INTAKE ANALYST: Warner

BUREAU CODE & SR.: SF Said J

GROUP FILING: Yes ☐ No ☒

X-REFERENCE #: \_\_\_\_\_

Rate ☒ New Program Rule Form  
Both Rate & Form Class Plan

PERCENT CHANGE 1 %

Accredited Surety & Casualty Company, Inc.  
California Bail Bond  
Manual Page

<u>Amount of Bail Bond:</u>	<u>Premium Rate:</u>
Up to and including \$500.00	\$50.00
\$501.00 and over	10% of the Penal Bond Amount
All Federal Bail Bonds	12% of the Penal Bond Amount

# Exhibit 4

*Allegheny Casualty Company*  
*International Fidelity Insurance Company*  
***Rule revision filings 17-4681; 17-6595***  
*Filed: July 10, 2017*  
*Effective: September 1, 2017*  
*Excerpted to include cover pages and rate schedule only.*

State: California Filing Company: International Fidelity Insurance Company  
 TOI/Sub-TOI: 24.0 Surety/24.0000 Surety  
 Product Name: Bail Bond Program  
 Project Name/Number: Rate and Rule Revision/IFIC-SU-BB-CA-1701R

## Filing at a Glance

Company: International Fidelity Insurance Company  
 Product Name: Bail Bond Program  
 State: California  
 TOI: 24.0 Surety  
 Sub-TOI: 24.0000 Surety  
 Filing Type: Rate/Rule  
 Date Submitted: 07/10/2017  
 SERFF Tr Num: PERR-131106946  
 SERFF Status: Closed-Approved  
 State Tr Num: 17-4681; 17-6595  
 State Status: Approved  
 Co Tr Num: IFIC-SU-BB-CA-1701R

Effective Date: 09/01/2017  
 Requested (New):  
 Effective Date: 09/01/2017  
 Requested (Renewal):  
 Author(s): Paula Rossman  
 Reviewer(s): Janet Cheng (primary), Ed Lin  
 Disposition Date: 01/23/2018  
 Disposition Status: Approved  
 Effective Date (New): 04/01/2018  
 Effective Date (Renewal): 04/01/2018

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<b>State:</b>	California	<b>Filing Company:</b>	International Fidelity Insurance Company
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Bail Bond Program		
<b>Project Name/Number:</b>	Rate and Rule Revision/IFIC-SU-BB-CA-1701R		

## General Information

Project Name: Rate and Rule Revision  
Project Number: IFIC-SU-BB-CA-1701R  
Reference Organization:  
Reference Title:  
Filing Status Changed: 01/23/2018  
State Status Changed: 01/12/2018  
Created By: Kevin Jones  
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed  
Domicile Status Comments:  
Reference Number:  
Advisory Org. Circular:  
  
Deemer Date: 09/19/2017  
Submitted By: Kevin Jones

### Filing Description:

International Fidelity Insurance Company ("the Company") is filing a revision of its Bail Bond program filed under the Surety line of business. The Company is reducing its Standard bail bond rates from 10% to 9%, and introducing two Preferred tiers with 8% and 7% rates. The 8% tier is for customers who are either Qualified Union Members, Active or Former Military, Law Enforcement, have retained Private Council, have posted Full Payment, or have posted Cash Collateral of at least 50% or deed of trust on real property with equity of at least 100% of bond amount. The 7% tier is for customers who have at least two of the following satisfied: Private Counsel, Full Payment, or Collateral. The Standard estimated rate decrease of 10% is supported by the accompanying California Prior Approval Rate Application and Template. The Preferred tiers are identical to those approved in California for the Company's competitor, Bankers Insurance Company (SERFF # BKIC-129219149 and CDI tracking number 13-7036).

Please refer to the Memorandum for complete details.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

## Company and Contact

### Filing Contact Information

Kevin Jones, State Filing Analyst	kjones@perrknight.com
401 Wilshire Blvd Suite 300	310-889-0968 [Phone]
Santa Monica, CA 90401	310-230-1061 [FAX]

### Filing Company Information

(This filing was made by a third party - perrandknightactuaryconsultants)

International Fidelity Insurance Company	CoCode: 11592	State of Domicile: New Jersey
One Newark Center, 20th Floor	Group Code:	Company Type: Property & Casualty
Newark, NJ 07102	Group Name:	State ID Number:
(973) 624-7200 ext. [Phone]	FEIN Number: 22-1010450	

## Filing Fees

Fee Required?	No
Retaliatory?	No

**State:** California**Filing Company:** International Fidelity Insurance Company**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety**Product Name:** Bail Bond Program**Project Name/Number:** Rate and Rule Revision/IFIC-SU-BB-CA-1701R

Fee Explanation:

## State Specific

Variance Requested? (Yes/No): No



ALLEGHENY CASUALTY COMPANY  
INTERNATIONAL FIDELITY INSURANCE COMPANY

**INTERNATIONAL FIDELITY INSURANCE COMPANY**

NAIC# 13285

---

SCHEDULE OF PREMIUMS AND FEES  
FOR  
BAIL BONDS WRITTEN IN THE STATE OF CALIFORNIA

---

Item 1. **STATE BAIL BONDS - GENERAL**

The premium charged shall be 9% of the penal amount, with a minimum premium of \$50.00

Item 2. **STATE BAIL BONDS - 8% PREFERRED RATE**

The premium charged shall be 8% of the penal amount, with a minimum premium of \$50.00 if any one of the following is satisfied:

Qualified Union Members. Defendant or an indemnitor is an active union member;  
or

Active or Former Military. Defendant or an indemnitor is an active duty member or veteran of the United States Armed Forces; or

Law Enforcement. Defendant or an indemnitor is an active duty or retired law enforcement officer; or

Private Counsel. Private defense counsel is retained for the defendant prior to the bond being posted; or

Full Payment of Bail Bond Premium. The full premium is paid before the bond is posted; or

Collateral. Cash Collateral of at least 50% of the penal amount of the bond, or deed(s) of trust on real property with equity of at least 100% of the penal amount of the bond, is provided before the bond is posted.

**Item 3.        STATE BAIL BONDS- 7% PREFERRED RATE**

The premium charged shall be 7% of the penal amount, with a minimum premium of \$50.00, if at least two of the following are satisfied:

Private Counsel. Private defense counsel is retained for the defendant prior to of the bond being posted; or

Full Payment of Bail Bond Premium. The full premium is paid before the bond is posted; or

Collateral. Cash Collateral of at least 50% of the penal amount of the bond, or deed(s) of trust on real property with equity of at least 100% of the penal amount of the bond, is provided before the bond is posted.

**Item 4.        FEDERAL BAIL BONDS**

The premium charged shall be 12% of the penal amount, with a minimum premium of \$50.00

**Item 5.        FEDERAL IMMIGRATION BONDS**

The premium charged shall be 12% of the penal amount, with a minimum premium of \$50.00

These rates must be charged by all International Fidelity Insurance Company bail producers.

**Effective Date:** \_\_\_\_\_

RATE EFFECTIVE 9/1/2017



ALLEGHENY CASUALTY COMPANY  
INTERNATIONAL FIDELITY INSURANCE COMPANY

**ALLEGHENY CASUALTY COMPANY**

NAIC# 13285

---

SCHEDULE OF PREMIUMS AND FEES  
FOR  
BAIL BONDS WRITTEN IN THE STATE OF CALIFORNIA

---

Item 1. **STATE BAIL BONDS - GENERAL**

The premium charged shall be 9% of the penal amount, with a minimum premium of \$50.00

Item 2. **STATE BAIL BONDS - 8% PREFERRED RATE**

The premium charged shall be 8% of the penal amount, with a minimum premium of \$50.00 if any one of the following is satisfied:

Qualified Union Members. Defendant or an indemnitor is an active union member; or

Active or Former Military. Defendant or an indemnitor is an active duty member or veteran of the United States Armed Forces; or

Law Enforcement. Defendant or an indemnitor is an active duty or retired law enforcement officer; or

Private Counsel. Private defense counsel is retained for the defendant prior to the bond being posted; or

Full Payment of Bail Bond Premium. The full premium is paid before the bond is posted; or

Collateral. Cash Collateral of at least 50% of the penal amount of the bond, or deed(s) of trust on real property with equity of at least 100% of the penal amount of the bond, is provided before the bond is posted.

**Item 3.        STATE BAIL BONDS- 7% PREFERRED RATE**

The premium charged shall be 7% of the penal amount, with a minimum premium of \$50.00, if at least two of the following are satisfied:

Private Counsel. Private defense counsel is retained for the defendant prior to of the bond being posted; or

Full Payment of Bail Bond Premium. The full premium is paid before the bond is posted; or

Collateral. Cash Collateral of at least 50% of the penal amount of the bond, or deed(s) of trust on real property with equity of at least 100% of the penal amount of the bond, is provided before the bond is posted.

**Item 4.        FEDERAL BAIL BONDS**

The premium charged shall be 12% of the penal amount, with a minimum premium of \$50.00

**Item 5.        FEDERAL IMMIGRATION BONDS**

The premium charged shall be 12% of the penal amount, with a minimum premium of \$50.00

These rates must be charged by all Allegheny Casualty Company bail producers.

**Effective Date:** \_\_\_\_\_

RATE EFFECTIVE

# Exhibit 5

*International Fidelity Insurance Company*

*Allegheny Casualty Company*

***Rule filings 13-4507;13-4508***

*Filed: June 17, 2013*

*Effective: August 14, 2013*

*Excerpted to include cover pages and rate schedule only.*

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** Rule Filing  
**Project Name/Number:** Rule Filing/

**First Filing Company:** International Fidelity Insurance Company, ...

## Filing at a Glance

Companies: International Fidelity Insurance Company  
Allegheny Casualty Company

Product Name: Rule Filing

State: California

TOI: 24.0 Surety

Sub-TOI: 24.0000 Surety

Filing Type: Rule

Date Submitted: 06/17/2013

SERFF Tr Num: AAHL-129078648

SERFF Status: Closed-Approved

State Tr Num: 13-4507;13-4508

State Status: Approved

Co Tr Num:

Co Status:

Effective Date On Approval

Requested (New):

Effective Date On Approval

Requested (Renewal):

Author(s): Leah Schoen

Reviewer(s): Jerome Tu (primary)

Disposition Date: 08/14/2013

Disposition Status: Approved

Effective Date (New): 08/14/2013

Effective Date (Renewal): 08/14/2013

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** Rule Filing  
**Project Name/Number:** Rule Filing/

**First Filing Company:** International Fidelity Insurance Company, ...

## General Information

Project Name: Rule Filing

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 08/14/2013

State Status Changed: 08/14/2013

Created By: Leah Schoen

Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed

Domicile Status Comments: Not required.

Reference Number:

Advisory Org. Circular:

Company Status Changed:

Deemer Date: 08/27/2013

Submitted By: Leah Schoen

Filing Description:

To whom it may concern:

Attached is the rule filing to be used in the writing of Surety-Bail Bonds in the State of California.

This rule filing is being submitted in accordance with the California Insurance Code 1861.01(c). The requested effect date for this form filing is May 9, 2013, or approval date, if later.

International Fidelity Insurance Company's state of domicile is New Jersey. New Jersey's Department of Insurance does not require this form to be filed or approved.

Allegheny Casualty Company's state of domicile is Pennsylvania. Pennsylvania's Department of Insurance does not require this form to be filed or approved.

Please contact me at (800) 935-2245 ext. 6054 if you have any questions or need additional information. Thank you in advance for your attention to this matter

Leah Schoen

Paralegal

Allegheny Casualty Company

International Fidelity Insurance Company

## Company and Contact

### Filing Contact Information

Leah Schoen,

26560 Agoura Road, Suite 100

Calabasas, CA 91302

leahschoen@aiaSurety.com

818-337-6054 [Phone]

**State:** California**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety**Product Name:** Rule Filing**Project Name/Number:** Rule Filing/**First Filing Company:** International Fidelity Insurance Company, ...**Filing Company Information**

International Fidelity Insurance  
Company  
P.O. Box 9810  
Calabasas, CA 91372-9810  
(800) 935-2245 ext. 6052[Phone]

CoCode: 11592  
Group Code:  
Group Name:  
FEIN Number: 22-1010450

State of Domicile: New Jersey  
Company Type: Surety  
State ID Number:

Allegheny Casualty Company  
P.O. Box 9810  
Calabasas, CA 91372-9810  
(800) 935-2245 ext. 6052[Phone]

CoCode: 13285  
Group Code:  
Group Name:  
FEIN Number: 25-0315340

State of Domicile:  
Pennsylvania  
Company Type: Surety  
State ID Number:

**Filing Fees**

Fee Required? No

Retaliatory? No

Fee Explanation:

**State Specific**

Variance Requested? (Yes/No): No

**SCHEDULE OF PREMIUMS**  
**for**  
**BAIL BONDS written in the STATE OF CALIFORNIA**

**STATE BONDS**

Bonds up to and including \$500.00 in liability

- charge minimum of \$50.00

Bonds over \$500.00 in liability

- charge 10% of the penal amount

**FEDERAL BONDS**

Bonds up to and including \$400.00 in liability

- charge minimum of \$50.00

Bond over \$400.00 in liability

- charge 12% of the penal amount

**A MINIMUM PREMIUM CHARGE OF \$50.00 APPLIES TO ALL BONDS**

**IFIC-CA-5.13**

**SCHEDULE OF PREMIUMS**  
**for**  
**BAIL BONDS written in the STATE OF CALIFORNIA**

**STATE BONDS**

Bonds up to and including \$500.00 in liability

- charge minimum of \$50.00

Bonds over \$500.00 in liability

- charge 10% of the penal amount

**FEDERAL BONDS**

Bonds up to and including \$400.00 in liability

- charge minimum of \$50.00

Bond over \$400.00 in liability

- charge 12% of the penal amount

**A MINIMUM PREMIUM CHARGE OF \$50.00 APPLIES TO ALL BONDS**

**ACC-CA-5.13**

# Exhibit 6

*American Contractors Indemnity Co.*

***Rule revision filing 08-2395***

*Filed: February 11, 2008*

*Effective: May 6, 2008*

*Excerpted to include cover pages and rate schedule only.*

PRIOR APPROVAL RATE APPLICATION

Completed by: Jeannie J. Kim

Date: 2/8/2008

Your File #: 02-08-01 CA

( 15 Characters Maximum)

☐ SERFF ☐ CD (plus 1 paper copy) ☒ Paper (1 original plus 1 copy)

Does this filing include a variance request?

Is this a variance request submitted after the prior approval application to which it applies?

If yes, provide the applicable CDI File Number: \_\_\_\_\_

Does this file contain group data?

[Note: Complete page 2 if this is a group filing]

Is this a specialty filing?

Latest applicable CDI file number in this line, subline and/or program:  
94-8237

Company Name American Contractors Indemnity Company

NAIC Company Code 10216

Group Name HCC Surety Group

NAIC Group Code 984

Organized under the Laws of the State of California

Line Code for this Line of Insurance:

Line of Insurance: Commercial Surety

Subline other

Program Bail

Home Office 9841 Airport Blvd. 9th Floor, Los Angeles, CA 90045

Name and Title of Contact Person Jeannie J. Kim, Vice President & Chief Compliance Officer

Toll Free Phone No.: 800-486-6695, ext. 1011

Fax No.: 310-242-6266

Email Address jkim@hccsurety.com

Mailing Address 9841 Airport Blvd. 9th Floor, Los Angeles, CA 90045

I declare under penalty of perjury under the laws of the State of California, that the information filed is true, complete, and correct

  
Authorized Signature

February 8, 2008

Date of Filing

310-242-6266

Telephone Number

Important note: Refer to CDI website at <http://www.insurance.ca.gov/0250-insurers/0800-rate-filings/> for the most current rate template and prior approval factors.

DEPARTMENT USE ONLY	
Filing No.:	<u>08-2395</u>
SERFF No.:	<u>N/A</u>
Date Filed:	<u>2/11/08</u>
Compliance Date:	<u>2/28/08</u>
Date Public Notified:	<u>3/7/08</u>
Deemer Date:	<u>5/06/08</u>
Intake Analyst:	<u>ZAMUDION</u>
Bureau & Senior:	<u>L43-Allen</u>
Group Filing:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
X-Reference No.:	_____
<input type="checkbox"/> Rate	<input type="checkbox"/> New Program <input checked="" type="checkbox"/> Rule
<input type="checkbox"/> Form	<input type="checkbox"/> Variance <input checked="" type="checkbox"/> % Change

RATE FILING BUREAU-SF

FEB 11 2008

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

# HCC SURETY GROUP



9841 Airport Blvd., Ninth Floor, Los Angeles, CA 90045

Telephone: (310) 649-0990

Fax: (310) 649-0416

www.hccsurety.com

February 8, 2008

## VIA OVERNIGHT MAIL

California Department of Insurance  
Rate Regulation Branch  
Rate Filing Bureau  
Attn: Intake Unit  
45 Fremont Street, 23<sup>rd</sup> Floor  
San Francisco, CA 94105

**RE: American Contractors Indemnity Company NAIC #10216  
Surety  
Manual Rule Change  
Prior Approval Submission  
Company Filing Number 02-08-01 CA**

RATE FILING BUREAU—SF  
FEB 11 2008  
STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

The above captioned Manual Rule Change is herein submitted for your review and approval. Please see the enclosed memorandum that provides additional information about this filing.

Our proposed effective date of this program is April 1, 2008 or upon your approval.

Enclosed please find one original and one copy of the required filing forms and a self-addressed, stamped envelope. If you have any questions or require additional information, please feel free to contact me at (800) 486-6695 ext. 1011 or via e-mail at jkim@hccsurety.com. Thank you for your time and consideration.

Sincerely,

Jeannie J. Kim  
Vice President & Chief Compliance Officer  
On Behalf of American Contractors Indemnity Company

Enclosures

## CURRENT

CALIFORNIA – Rev 01/29/02

AMERICAN CONTRACTORS INDEMNITY COMPANY

### COURT BONDS - JUDICIAL PROCEEDINGS GENERAL RATES (cont.)

<u>BOND DESCRIPTION</u>	<u>CLASS CODE</u>	<u>RATE % OR PREMIUM</u>
-------------------------	-----------------------	------------------------------

BAIL BONDS

261

Preferred

8% of penal amount  
plus \$15.00

Will be charged when full cash collateral or its equivalent or real property with an equity of no less than 150% of the penal amount (with all owners of record signed on short form deed of trust) and the full premium is paid by time of execution of bond.

Standard

10% of penal amount  
plus \$15.00

Will be charged if credit is given on payment of premium or when real property collateral does not meet the required amounts for preferred bail or when collateral is other than real property or when two or more indemnitors (defendant can be one) are given who do not reside at the same address.

High Risk

15% of penal amount  
plus \$15.00

Will be charged with single indemnitor, signature only.  
Execution of bond discretionary with underwriter.

The company has a "bond cost" factor from 7% to 15% depending upon the volume of business obtained from an agent, the level of collateralization given the company by the agent, and the amount of money the agent possesses in their "build-up fund" with the company.

## PROPOSED

CALIFORNIA – Rev 04/01/08

AMERICAN CONTRACTORS INDEMNITY COMPANY

### COURT BONDS - JUDICIAL PROCEEDINGS GENERAL RATES (cont.)

<u>BOND DESCRIPTION</u>	<u>CLASS CODE</u>	<u>RATE % OR PREMIUM</u>
-------------------------	-------------------	--------------------------

BAIL BONDS

261

Preferred

8% of penal amount  
plus \$15.00

Will be charged when one or more of the following conditions are met:

- A. Full cash collateral or its equivalent or real property with an equity of no less than 150% of the penal amount (with all owners of record signed on short form deed of trust) and the full premium is paid by time of execution of bond;
- B. Defendant has retained private counsel; OR
- C. Defendant or a Co-Signor is a Union or AARP member.

Standard

10% of penal amount  
plus \$15.00

Will be charged if credit is given on payment of premium or when real property collateral does not meet the required amounts for preferred bail or when collateral is other than real property or when two or more indemnitors (defendant can be one) are given who do not reside at the same address.

High Risk

15% of penal amount  
plus \$15.00

Will be charged with single indemnitor, signature only.  
Execution of bond discretionary with underwriter.

The company has a "bond cost" factor from 7% to 15% depending upon the volume of business obtained from an agent, the level of collateralization given the company by the agent, and the amount of money the agent possesses in their "build-up fund" with the company.

**COURT BONDS - JUDICIAL PROCEEDINGS**  
GENERAL RATES (cont.)

<u>BOND DESCRIPTION</u>	<u>CLASS CODE</u>	<u>RATE % OR PREMIUM</u>
BAIL BONDS	261	
<u>Preferred</u>		8% of penal amount plus \$15.00

Will be charged when one or more of the following conditions are met:

- A. Full cash collateral or its equivalent or real property with an equity of no less than 150% of the penal amount (with all owners of record signed on short form deed of trust) and the full premium is paid by time of execution of bond;
- B. Defendant has retained private counsel; OR
- C. Defendant or a Co-Signor is a Union or AARP member.

<u>Standard</u>	10% of penal amount plus \$15.00
-----------------	-------------------------------------

Will be charged if credit is given on payment of premium or when real property collateral does not meet the required amounts for preferred bail or when collateral is other than real property or when two or more indemnitors (defendant can be one) are given who do not reside at the same address.

<u>High Risk</u>	15% of penal amount plus \$15.00
------------------	-------------------------------------

Will be charged with single indemnitor, signature only.  
 Execution of bond discretionary with underwriter.

The company has a "bond cost" factor from 7% to 15% depending upon the volume of business obtained from an agent, the level of collateralization given the company by the agent, and the amount of money the agent possesses in their "build-up fund" with the company.

**DEPARTMENT OF INSURANCE**

RATE REGULATION BRANCH

300 SOUTH SPRING STREET

LOS ANGELES, CA 90013

www.insurance.ca.gov



April 30, 2008

American Contractors Indemnity Company  
attn.: Jeannie J. Kim, Vice President & Chief Compliance Officer  
9841 Airport Blvd. 9<sup>th</sup> Floor  
Los Angeles, CA 90045

**RE: APPROVAL OF APPLICATION**

AMERICAN CONTRACTORS INDEMNITY COMPANY has submitted the following application for approval regarding the following line of business or program:

<b><u>CDI App. No(s):</u></b>	08-2395
<b><u>Insurer File No(s):</u></b>	02-08-01 CA
<b><u>Line(s) of Insurance:</u></b>	Commercial Surety
<b><u>Program:</u></b>	Bail Bonds

Only the change(s) specifically indicated in the application set forth above, as it may have been amended, is (are) approved. Nothing in this letter shall constitute approval of any other application, whether incorporated by reference, or filed prior or subsequent to the application set forth above AMERICAN CONTRACTORS INDEMNITY COMPANY shall begin issuing policies pursuant to this approval within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. AMERICAN CONTRACTORS INDEMNITY COMPANY may implement this approval earlier if it is able to do so. Regardless of the implementation date, AMERICAN CONTRACTORS INDEMNITY COMPANY shall implement this approval with the same effective date for both new and renewal business and shall offer this product to all eligible applicants as of the implementation date. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced lines or programs may be approved or ordered by the Insurance Commissioner.

If any portion of the application or related documentation conflicts with California law, that portion is specifically not approved. This approval does not constitute an approval of underwriting guidelines nor the specific language, coverages, terms, covenants and conditions contained in any forms, or of the forms themselves. Policy forms and underwriting guidelines included in this filing were reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance. Any subsequent changes to underwriting guidelines or coverages, terms, covenants and conditions contained in any forms must be submitted with supporting documentation when those changes result in any rating impact. The Commissioner may at any time take any action allowed by law if he determines that any underwriting guidelines, forms or procedures for application of rates, or any other portions of the application conflict with any applicable laws or regulations.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Allen", is written over a horizontal line.

Kenneth Allen, CPCU  
Bureau Chief, LA-3 Rate Filing Bureau  
Telephone: (213) 346-6783  
Facsimile: (213) 897-6181  
E-Mail: [Allenk@insurance.ca.gov](mailto:Allenk@insurance.ca.gov)  
Website: [www.insurance.ca.gov](http://www.insurance.ca.gov)

## PROPOSED

CALIFORNIA - Rev 04/01/08

AMERICAN CONTRACTORS INDEMNITY COMPANY

### COURT BONDS - JUDICIAL PROCEEDINGS GENERAL RATES (cont.)

<u>BOND DESCRIPTION</u>	<u>CLASS CODE</u>	<u>RATE % OR PREMIUM PER ANNUM</u>
BAIL BONDS	261	
<u>Preferred</u>		8% of penal amount plus \$15.00

Will be charged when one or more of the following conditions are met:

- A. Full cash collateral or its equivalent or real property with an equity of no less than 150% of the penal amount (with all owners of record signed on short form deed of trust) and the full premium is paid by time of execution of bond;
- B. Defendant has retained private counsel; OR
- C. Defendant or a Co-Signor is a Union or AARP member.

<u>Standard</u>	10% of penal amount plus \$15.00
-----------------	-------------------------------------

Will be charged if credit is given on payment of premium or when real property collateral does not meet the required amounts for preferred bail or when collateral is other than real property or when two or more indemnitors (defendant can be one) are given who do not reside at the same address.

<u>High Risk</u>	15% of penal amount plus \$15.00
------------------	-------------------------------------

Will be charged with single indemnitor, signature only.  
Execution of bond discretionary with underwriter.

The company has a "bond cost" factor from 7% to 15% depending upon the volume of business obtained from an agent, the level of collateralization given the company by the agent, and the amount of money the agent possesses in their "build-up fund" with the company.

# Exhibit 7

*American Contractors Indemnity Co.*

***Rule filing 95-4409***

*Filed: June 1, 1995*

*Effective: July 1, 1995*

*Excerpted to include cover pages and rate schedule only.*

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)

APPLICATION FOR APPROVAL OF  
INSURANCE RATES

Your file #: \_\_\_\_\_

\_\_\_\_ Original \_\_\_\_ Copy 1 \_\_\_\_ Copy 2

Does this file contain group data?

\_\_\_\_ Yes \_\_\_\_ No

Note: A separate CA-RA1 page must  
be submitted for each company  
within a group filing.

Latest applicable CDI File No. in  
this Line, Subline, and/or Program:

Consolidated Surety Ins Co  
(dba) American Contractors  
Company Name Indemnity Company

NAIC Company Code 44261

Group Name N/A

NAIC Group Code N/A

Organized Under the Laws of the State of California

Line of Insurance Comm. Surety Subline None  
(as it appears in the Annual Statement)

Program -

Home Office 9841 Airport Blvd. Ste. 1414, Los Angeles, California 90045

Main Administrative Office in California Same as Above

Name and Title of Contact Person E.J. McKenna

Toll Free Phone No.: (800) 787-3896 Fax No.: (310) 649-0416  
If not available, collect calls will be made.

Mail Address 9841 Airport Blvd. Ste. 1414, Los Angeles, California 90045

I declare under penalty of perjury, under the laws of the State of  
California, that the information filed is true, complete, and correct.

E.J. McKenna  
Authorized Signature  
E.J. McKenna, President

5-30-95  
Date of Filing

(1800) 787-3896  
Telephone Number

-01-94 ed.

CA-RA1

Department Use Only

FILING NO.: 95-4409

Line Code: Comm'l Surety

Proposed Eff. Date: 6-1-95

Date Filed: 6-1-95

Compliance Date: 6-1-95

Non-Compliance Date: -

Date Public Notified: 6-9-95

Intake Analyst: ERIC D.

Bureau Code: LAZ-DUFF

For Group Filing Only

X-Reference #: \_\_\_\_\_

Remarks: Rule (\*)

RATE FILING BUREAU-SF

JUN 1 1995

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)

APPLICATION FOR APPROVAL OF  
INSURANCE RATES

Your file #: \_\_\_\_\_

\_\_\_\_ Original \_\_\_\_ Copy 1 \_\_\_\_ Copy 2

Does this file contain group data?

\_\_\_\_ Yes \_\_\_\_ No

Note: A separate CA-RA1 page must  
be submitted for each company  
within a group filing.

Latest applicable CDI File No. in  
this Line, Subline, and/or Program:

Consolidated Surety Ins Co  
(dba) American Contractors  
Company Name Indemnity Company)

Group Name N/A

NAIC Company Code 44261

NAIC Group Code N/A

Organized Under the Laws of the State of California

Line of Insurance Comm. Surety Subline None  
(as it appears in the Annual Statement)

Program -

Home Office 9841 Airport Blvd. Ste. 1414, Los Angeles, California 90045

Main Administrative Office in California Same as Above

Name and Title of Contact Person E.J. McKenna

Toll Free Phone No.: (800) 787-3896 Fax No.: (310) 649-0416

If not available, collect calls will be made.

Mail Address 9841 Airport Blvd. Ste. 1414, Los Angeles, California 90045

I declare under penalty of perjury, under the laws of the State of  
California, that the information filed is true, complete, and correct.

E.J. McKenna  
Authorized Signature  
E.J. McKenna, President

5-30-95  
Date of Filing

(1800) 787-3896  
Telephone Number

1-01-94 ed.

CA-RA1

Department Use Only

FILING NO.: 95-4409

Line Code: Comm'l Surety

Proposed Eff. Date: 6-1-95

Date Filed: 6-1-95

Compliance Date: 6-1-95

Non-Compliance Date: -

Date Public Notified: 6-9-95

Intake Analyst: ERIC D.

Bureau Code: LA2-DUFFY

For Group Filing Only

X-Reference #: \_\_\_\_\_

Remarks: Rule 1 (\*)

RATE FILING BUREAU-SF

JUN 1 1995

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

Filed at  
DO I

Mike copies file  
from DOT

10/30/98  
John

1995  
Manual

HISTORICAL COPY

Subse

Copy from DOT

# AMERICAN CONTRACTORS INDEMNITY COMPANY

## SURETY RATE MANUAL

**RATE MANUAL**  
**COURT BONDS - JUDICIAL PROCEEDINGS**  
**BAIL BOND RATES**

**PREFERRED**

**8% OF PENAL AMOUNT PLUS \$15.00**

**WILL BE CHARGED WHEN FULL CASH COLLATERAL OR IT'S EQUIVALENT OR REAL PROPERTY WITH AN EQUITY OF NO LESS THAN 150% OF THE PENAL AMOUNT (WITH ALL OWNERS OF RECORD SINGED ON SHORT FORM DEED OF TRUST) AND THE FULL PREMIUM IS PAID TIME OF EXECUTION OF BOND.**

**STANDARD**

**10% PENAL AMOUNT PLUS \$15.00**

**WILL BE CHARGED IF CREDIT IS GIVEN ON PAYMENT OF PREMIUM OR WHEN REAL PROPERTY COLLATERAL DOES NOT MEET THE REQUIRED AMOUNTS FOR PREFERRED BAIL OR WHEN COLLATERAL IS OTHER THAN REAL PROPERTY OR WHEN TWO OR MORE INDEMNITORS (DEFENDANT CAN BE ONE) ARE GIVEN NOT RESIDING AT THE SAME ADDRESS.**

**HIGH RISK**

**15% OF PENAL AMOUNT PLUS \$15.00**

**WILL BE CHARGED WITH SINGLE INDEMNITOR, SIGNATURE ONLY. EXECUTION OF BOND DISCRETIONARY WITH UNDERWRITER.**

# Exhibit 8

*American Surety Company*

***Rule revision filing 94-682***

*Filed: February 1, 1994*

*Effective: February 11, 1994*

*Excerpted to include cover pages and rate schedule only.*

ACKNOWLEDGEMENT

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)

APPLICATION FOR APPROVAL OF  
~~INSURANCE RATES~~  
FILE & USE

Your file #: \_\_\_\_\_

☒ Original ☒ Copy 1 ☒ Copy 2

Does this file contain group data?

☐ Yes ☒ No

Note: A separate CA-RA1 page must  
be submitted for each company  
within a group filing.

Latest applicable CDI File No. in  
this Line, Subline, and/or Program:

Department Use Only

FILING NO.: 94-682

Line Code: 2410

Proposed Eff. Date: 1/1/94

Date Filed: 2/1/94

Compliance Date: 2/3/94

Non-Compliance Date: \_\_\_\_\_

Date Public Notified: 2/11/94

Intake Analyst: 9

Bureau Code: LA 1-46

For Group Filing Only  
X-Reference #: \_\_\_\_\_

Remarks: rating rule

Company Name American Surety Company

Group Name \_\_\_\_\_

NAIC Company Code 31380

NAIC Group Code 393

Organized Under the Laws of the State of California

Line of Insurance Surety Subline Bail  
(as it appears in the Annual Statement)

Program \_\_\_\_\_

Home Office 3901 W. 86th St., Suite 450, Indianapolis, Indiana 46268

Main Administrative Office in California  
500 Airport Blvd., Suite 100, Burlingame, CA 94010

Name and Title of Contact Person John T. Whitlock, Chairman

Toll Free Phone No.: (800) 969-1827 Fax No.: (317) 875-0859  
If not available, collect calls will be made.

Mail Address 3901 W. 86th St., Suite 450, Indianapolis, IN 46268

I declare under penalty of perjury, under the laws of the State of  
California, that the information filed is true, complete, and correct.

John T. Whitlock  
Authorized Signature

January 28, 1994

Date of Filing

(800) 969-1827

Telephone Number

01-01-94 ed.

CA-RA1

RATE FILING BUREAU-SF

FEB 01 1994

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)

APPLICATION FOR APPROVAL OF  
INSURANCE RATES

Your file #: \_\_\_\_\_

☒ Original ☒ Copy 1 ☒ Copy 2

Does this file contain group data?

☐ Yes ☒ No

Note: A separate CA-RA1 page must  
be submitted for each company  
within a group filing.

Latest applicable CDI File No. in  
this Line, Subline, and/or Program:

Department Use Only

FILING NO.: \_\_\_\_\_

Line Code: \_\_\_\_\_

Proposed Eff. Date: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Compliance Date: \_\_\_\_\_

Non-Compliance Date: \_\_\_\_\_

Date Public Notified: \_\_\_\_\_

Intake Analyst: \_\_\_\_\_

Bureau Code: \_\_\_\_\_

For Group Filing Only

X-Reference #: \_\_\_\_\_

Remarks: \_\_\_\_\_

Company Name American Surety Company

Group Name \_\_\_\_\_

NAIC Company Code 31380

NAIC Group Code 393

Organized Under the Laws of the State of California

Line of Insurance Surety

Subline Bail

(as it appears in the Annual Statement)

Program \_\_\_\_\_

Home Office 3901 W. 86th St., Suite 450, Indianapolis, Indiana 46268

Main Administrative Office in California

500 Airport Blvd., Suite 100, Burlingame, CA 94010

Name and Title of Contact Person John T. Whitlock, Chairman

Toll Free Phone No.: (800) 969-1827

Fax No.: (317) 875-0859

If not available, collect calls will be made.

Mail Address 3901 W. 86th St., Suite 450, Indianapolis, IN 46268

I declare under penalty of perjury, under the laws of the State of  
California, that the information filed is true, complete, and correct.

John T. Whitlock  
Authorized Signature

January 28, 1994

Date of Filing

(800) 969-1827

Telephone Number

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

Insurer's Name: American Surety Company  
Line of Business: Surety

MISCELLANEOUS DATA

1. Provide a schedule of agent's commissions for the most recent three years.
2. Indicate any changes implemented to reduce or contain expenses, both acquisition and claim components.
3. Indicate if there is a policy fees for this program.

X Yes           No

If yes, please answer the following:

- a. The policy fees apply to:

X New business      Amount: \$10.00  
     Renewal business      Amount:             

- b. Indicate if the policy fees are included in the earned premium on pages CA-RA5 and CA-RA6. If not, explain.

Will be in the future.

- c. Indicate the amount of the policy fee that is retained by the company and the amount that is retained by the agent.

All retained by the Company.

- d. Specify what the policy fee is used for.

Processing and administrative costs.



*PRESENT*

AMERICAN SURETY COMPANY

P.O. Box 68932, Indianapolis, Indiana 46268

RATES FOR BONDS

All bonds will be charged for at the rate of 10% of the penal amount of the bond per annum, with a minimum of \$50.00 or 10% of the face amount of the bond, whichever is greater.

**PENAL AMOUNT**

**PREMIUM**

**STATE BONDS**

\$1.00 THROUGH \$500.00

\$50.00

Over \$500.00...10% of the penal amount of the bond per annum. These rates **SHALL** be charged by all agents of American Surety Company. These rates are for **PREMIUM ONLY**, and do not include other expenses incurred, such as telephone, posting fees, writs, travel and other miscellaneous expenses.

**FEDERAL BONDS**

Over \$500

12% of Penal Amount  
per Annum

All Agents: Please post the above schedule in a conspicuous place where it can be seen by the public.



# Exhibit 9

*Bankers Insurance Company*

***Rule filing 18-5155***

*Filed: October 10, 2018*

*Effective: December 12, 2018*

*Excerpted to include cover pages and rate schedule only.*

---

<b>State:</b>	California	<b>Filing Company:</b>	Bankers Insurance Company
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Bail Bonds		
<b>Project Name/Number:</b>	CA BIC Bail Bond Rule Filing/18-0075		

## Filing at a Glance

Company:	Bankers Insurance Company
Product Name:	Bail Bonds
State:	California
TOI:	24.0 Surety
Sub-TOI:	24.0000 Surety
Filing Type:	Rule
Date Submitted:	10/10/2018
SERFF Tr Num:	BKIC-131632094
SERFF Status:	Closed-Approved
State Tr Num:	18-5155
State Status:	Approved
Co Tr Num:	18-0075

Effective Date	On Approval
----------------	-------------

Requested (New):	
------------------	--

Effective Date	On Approval
----------------	-------------

Requested (Renewal):	
----------------------	--

Author(s):	Meg LaLonde
------------	-------------

Reviewer(s):	Ed Lin (primary)
--------------	------------------

Disposition Date:	12/12/2018
-------------------	------------

Disposition Status:	Approved
---------------------	----------

Effective Date (New):	12/12/2018
-----------------------	------------

Effective Date (Renewal):	12/12/2018
---------------------------	------------

---

<b>State:</b>	California	<b>Filing Company:</b>	Bankers Insurance Company
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Bail Bonds		
<b>Project Name/Number:</b>	CA BIC Bail Bond Rule Filing/18-0075		

## General Information

Project Name: CA BIC Bail Bond Rule Filing

Project Number: 18-0075

Reference Organization:

Reference Title:

Filing Status Changed: 12/12/2018

State Status Changed: 12/12/2018

Created By: Meg LaLonde

Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date: 12/25/2018

Submitted By: Meg LaLonde

Filing Description:

Bankers Insurance Company (BIC) is seeking to amend its previously approved California rule filing by removing the full cash collateral option on the Immigration bond program.

This option will no longer be available.

There is no rate implication for this revision.

The previously approved CA filing number is 13-7036 and SERFF #129219149.

## Company and Contact

### Filing Contact Information

Meg Lalonde, Compliance Specialist

11101 Roosevelt Blvd N

St. Petersburg, FL 33716

mlalonde@bankersfinancialcorp.com

800-627-0000 [Phone] 4430 [Ext]

727-803-2090 [FAX]

### Filing Company Information

Bankers Insurance Company

11101 Roosevelt Blvd N

St. Petersburg, FL 33716

(800) 627-0000 ext. 4010[Phone]

CoCode: 33162

Group Code: 689

Group Name: Bankers Insurance

Group

FEIN Number: 59-1673015

State of Domicile: Florida

Company Type: P&amp;C

State ID Number:

## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

## State Specific

Variance Requested? (Yes/No): No

**CALIFORNIA (04)****I. Rate Rule: The premium to be charged shall be:**  
**STATE BONDS:**

Bonds up to and including \$500.00 in liability will be charged \$50.00.

Bonds over \$500.00 will be charged 10% of the penal amount.

**FEDERAL BONDS:**

Bonds up to and including \$450.00 in liability will be charged \$50.00.

Bonds over \$450.00 will be charged 12% of the penal amount.

**QUALIFIED UNIONS or AARP MEMBERS, PRIVATE DEFENSE COUNSEL, AND ACTIVE DUTY MEMBERS AND VETERANS OF THE UNITED STATES MILITARY ARMED FORCES AND THEIR IMMEDIATE FAMILIES, FOR BOTH FEDERAL AND STATE BONDS:**

Bonds up to and including \$600.00 in liability will be charged \$50.00.

Bonds over \$600.00 in liability will be charged 8% of the penal amount.

**Qualified Union or AARP member is defined as any union or membership in which the defendant or indemnitor are members. Membership must be validated by a current identification card.**

**Private Defense Counsel is defined as any practicing defense attorney that is retained for or on behalf of a defendant.**

**Immediate Family is defined as a parent, child, or spouse.**

**LICENSED ATTORNEY REFERRAL AND FULL REMITTANCE OF THE BAIL BOND PREMIUM.**

Bonds up to and including \$600.00 in liability will be charged \$50.00.

Bonds over \$600.00 in liability will be charged 7% of the penal amount.

**IMMIGRATION BONDS:**

Bonds will be charged \$100 execution fee plus 15% of the penal amount of the bond, subject to a \$100 minimum premium.

**II. Minimum Premium: (State and Federal Bonds) \$50 per bond. (Immigration Bonds) \$100 per bond.**

<p><b>These rates must be charged by all Agents of BANKERS INSURANCE COMPANY</b></p>
--

# Exhibit 10

*Bankers Insurance Company*

***Rule revision filing 13-7036***

*Filed: September 25, 2013*

*Effective: November 27, 2013*

*Excerpted to include cover pages and rate schedule only.*

---

<b>State:</b>	California	<b>Filing Company:</b>	Bankers Insurance Company
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Bail Bonds		
<b>Project Name/Number:</b>	Immigration Bond Rule Filing/13-0109		

## Filing at a Glance

Company:	Bankers Insurance Company
Product Name:	Bail Bonds
State:	California
TOI:	24.0 Surety
Sub-TOI:	24.0000 Surety
Filing Type:	Rule
Date Submitted:	09/25/2013
SERFF Tr Num:	BKIC-129219149
SERFF Status:	Closed-Approved
State Tr Num:	13-7036
State Status:	Approved
Co Tr Num:	13-0109
Effective Date	On Approval
Requested (New):	
Effective Date	On Approval
Requested (Renewal):	
Author(s):	Meg LaLonde
Reviewer(s):	Ashok Viswanathan (primary), Jerome Tu
Disposition Date:	11/27/2013
Disposition Status:	Approved
Effective Date (New):	11/27/2013
Effective Date (Renewal):	11/27/2013

---

<b>State:</b>	California	<b>Filing Company:</b>	Bankers Insurance Company
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Bail Bonds		
<b>Project Name/Number:</b>	Immigration Bond Rule Filing/13-0109		

## General Information

Project Name: Immigration Bond Rule Filing

Project Number: 13-0109

Reference Organization:

Reference Title:

Filing Status Changed: 11/27/2013

State Status Changed: 11/27/2013

Created By: Meg LaLonde

Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date: 12/03/2013

Submitted By: Meg LaLonde

Filing Description:

Bankers Insurance Company (the "Company") hereby submits a rule revision to our current Bail Bond filing.

Bankers Insurance Company seeks to add a 7% preferred rate for those consumers that are referred to the bail bond producer through a licensed attorney, and the full bail bond premium is remitted to the producer.

Our competitor United States Fire Insurance Company has filed and been approved in CA for the same 7% preferred rate where the consumer is referred by an attorney and the full premium is remitted.

## Company and Contact

### Filing Contact Information

Meg Lalonde, Compliance Specialist  
11101 Roosevelt Blvd N  
St. Petersburg, FL 33716

mlalonde@bankersfinancialcorp.com  
800-627-0000 [Phone] 4430 [Ext]  
727-803-2090 [FAX]

### Filing Company Information

Bankers Insurance Company  
11101 Roosevelt Blvd N  
St. Petersburg, FL 33716  
(800) 627-0000 ext. 4010[Phone]

CoCode: 33162  
Group Code: 689  
Group Name: Bankers Insurance  
Group  
FEIN Number: 59-1673015

State of Domicile: Florida  
Company Type: P&C  
State ID Number:

## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

## State Specific

Variance Requested? (Yes/No): No

**CALIFORNIA (04)****I. Rate Rule: The premium to be charged shall be:**  
**STATE BONDS:**

Bonds up to and including \$500.00 in liability will be charged \$50.00.  
Bonds over \$500.00 will be charged 10% of the penal amount.

**FEDERAL BONDS:**

Bonds up to and including \$450.00 in liability will be charged \$50.00.  
Bonds over \$450.00 will be charged 12% of the penal amount.

**QUALIFIED UNIONS or AARP MEMBERS, PRIVATE DEFENSE COUNSEL, AND ACTIVE DUTY MEMBERS AND VETERANS OF THE UNITED STATES MILITARY ARMED FORCES AND THEIR IMMEDIATE FAMILIES, FOR BOTH FEDERAL AND STATE BONDS:**

Bonds up to and including \$600.00 in liability will be charged \$50.00.  
Bonds over \$600.00 in liability will be charged 8% of the penal amount.

Qualified Union or AARP member is defined as any union or membership in which the defendant or indemnitor are members. Membership must be validated by a current identification card.

Private Defense Counsel is defined as any practicing defense attorney that is retained for or on behalf of a defendant.

Immediate Family is defined as a parent, child, or spouse.

**LICENSED ATTORNEY REFERRAL AND FULL REMITTANCE OF THE BAIL BOND PREMIUM.**

Bonds up to and including \$600.00 in liability will be charged \$50.00.  
Bonds over \$600.00 in liability will be charged 7% of the penal amount.

**IMMIGRATION BONDS:**

Bonds will be charged \$100 execution fee plus 15% of the penal amount of the bond, subject to a \$100 minimum premium.

Those bonds with full cash collateral, regardless of the penal amount of the bond, will be charged a flat \$295 premium.

**II. Minimum Premium: (State and Federal Bonds) \$50 per bond. (Immigration Bonds) \$100 per bond.**

<p><b>These rates must be charged by all Agents of BANKERS INSURANCE COMPANY</b></p>
--

# Exhibit 11

*Bankers Insurance Company*

***Rule revision filing 09-4748***

*Filed: June 10, 2009*

*Effective: August 5, 2009*

*Excerpted to include cover pages and rate schedule only.*

---

<b>State:</b>	California	<b>Filing Company:</b>	Bankers Insurance Company
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Bail Bonds		
<b>Project Name/Number:</b>	Rule Fling/09-0097		

## Filing at a Glance

Company:	Bankers Insurance Company
Product Name:	Bail Bonds
State:	California
TOI:	24.0 Surety
Sub-TOI:	24.0000 Surety
Filing Type:	Rule
Date Submitted:	06/10/2009
SERFF Tr Num:	BKIC-126183597
SERFF Status:	Closed-Approved
State Tr Num:	09-4748
State Status:	Approved
Co Tr Num:	09-0097
Effective Date	08/10/2009
Requested (New):	
Effective Date	08/10/2009
Requested (Renewal):	
Author(s):	
Reviewer(s):	Michael Jones (primary), Jerome Tu
Disposition Date:	08/05/2009
Disposition Status:	Approved
Effective Date (New):	08/05/2009
Effective Date (Renewal):	08/05/2009

---

<b>State:</b>	California	<b>Filing Company:</b>	Bankers Insurance Company
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Bail Bonds		
<b>Project Name/Number:</b>	Rule Fling/09-0097		

## General Information

Project Name: Rule Fling	Status of Filing in Domicile: Authorized
Project Number: 09-0097	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/05/2009	
State Status Changed: 08/05/2009	Deemer Date: 08/18/2009
Created By: Marlene Wendel	Submitted By: Marlene Wendel
Corresponding Filing Tracking Number:	

### Filing Description:

Bankers Insurance Company (the "Company") hereby submits a rule revision to our current Bail Bond filing.

This rule change adds an additional factor that may permit applicants to qualify for an 8% rate. The rational for adding this factor is that we believe defendants who are members of Unions or AARP, or defendants that have close ties to Unions or AARP are a lower flight risk. As a result, the Company believes it will experience a lower forfeiture rate with these types of defendants.

## Company and Contact

### Filing Contact Information

Marlene Wendel, State Filing Analyst	mmwendel@bankersinsurance.com
11101 Roosevelt Blvd N	800-627-0000 [Phone] 4889 [Ext]
St. Petersburg, FL 33716	

### Filing Company Information

Bankers Insurance Company	CoCode: 33162	State of Domicile: Florida
11101 Roosevelt Blvd N	Group Code: 689	Company Type: P&C
St. Petersburg, FL 33716	Group Name: Bankers Insurance	State ID Number:
(800) 627-0000 ext. 4010[Phone]	Group	
	FEIN Number: 59-1673015	

---

## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

**CALIFORNIA**

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**I. Rate Rule: The premium to be charged shall be:**

**STATE BONDS:**

Bonds up to and including \$500.00 in liability will be charged \$50.00.

Bonds over \$500.00 will be charged 10% of the penal amount.

**FEDERAL BONDS:**

Bonds up to and including \$450.00 in liability will be charged \$50.00.

Bonds over \$450.00 will be charged 12% of the penal amount.

**QUALIFIED UNIONS or AARP MEMBERS, PRIVATE DEFENSE COUNSEL, AND ACTIVE DUTY MEMBERS AND VETERANS OF THE UNITED STATES MILITARY ARMED FORCES AND THEIR IMMEDIATE FAMILIES, FOR BOTH FEDERAL AND STATE BONDS:**

Bonds up to and including \$600.00 in liability will be charged \$50.00.

Bonds over \$600.00 in liability will be charged 8% of the penal amount.

**Qualified Union or AARP member is defined as any union or membership in which the defendant or indemnitor are members. Membership must be validated by a current identification card.**

**Private Defense Counsel is defined as any practicing defense attorney that is retained for or on behalf of a defendant.**

**Immediate Family is defined as a parent, child, or spouse.**

**IMMIGRATION BONDS:**

Bonds will be charged \$100 execution fee plus 15% of the penal amount of the bond, subject to a \$100 minimum premium.

**II. Minimum Premium: (State and Federal Bonds) \$50 per bond. (Immigration Bonds) \$100 per bond.**

**III. No renewal fees shall be charged on any bonds.**

<p><b>These rates must be charged by all Agents of BANKERS INSURANCE COMPANY</b></p>
--

# Exhibit 12

*Bankers Insurance Company*

***Rule filing 07-838***

*Filed: January 25, 2007*

*Effective: April 3, 2007*

*Excerpted to include cover pages and rate schedule only.*

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)

APPLICATION FOR APPROVAL OF  
INSURANCE RATES

Your file #: 107-2  
(15 characters maximum)

☒ Original ☐ Copy 1 ☐ Copy 2

Does this file contain group data? Yes ☐ No ☒

Is this a specialty filing? Yes ☐ No ☒

**Note: A separate CA-RA1 page must be  
Submitted for each company within a  
Group filing.**

Latest applicable CDI File No. in this  
Line, Subline and/or Program:

CDI App No 03-11

Department Use Only

FILING NO.: 07-838

DATE FILED: 1-25-07

COMPLIANCE DATE: 1-29-07

DATE PUBLIC NOTIFIED: 2-2-07

DEEMER DATE: 4-3-07

INTAKE ANALYST: Rivera J.

BUREAU CODE & SR.: CA3-Aulen K.

GROUP FILING: Yes ☒ No ☐

X-REFERENCE #:

Rate New Program ☒ Rule ☐ Form  
Both Rate & Form Class Plan

PERCENT CHANGE: 0 %

Company Name Bankers Insurance Company Group Name Bankers Insurance Group

NAIC Company Code 33162 NAIC Group Code 0689

Organized Under the Laws of the State of Florida

Line of Insurance Commercial Surety Subline Other  
(as it appears in CA-RA3) (as it appears in CA-RA3)

Program Bail Bonds Program

Home Office 360 Central Ave, Suite 700, St. Petersburg, FL 33701

Main Administrative Office in California N/A

Name and Title of Contact Person Marlene Wendel, State Filing Analyst

Toll Free Phone No.: (800) 627-0000 x4889 Fax No.: (727) 898-2608  
If not available, collect calls will be made.

Internet Address (if available): mmwendel@bankersinsurance.com

Mailing Address 360 Central Ave, Suite 700, St. Petersburg, Florida 33701

I declare under penalty of perjury, under the laws of the State of California, that the  
information filed is true, complete, and correct.

Marlene Wendel

1-22-2007

800-627-0000 x4889

Authorized Signature

Date of Filing

Telephone Number

JAN 25 2007

SFV

# **BANKERS**

## **INSURANCE GROUP**

January 22, 2007

California Department of Insurance  
Rate Regulation Division  
Rate Filing Bureau  
45 Fremont Street, 23<sup>rd</sup> Floor  
San Francisco, CA 94105

Re: Bankers Insurance Company  
Program – Bail Bonds  
Line of Insurance – Commercial Surety  
Rule Filing  
Company File Number 107-2

Bankers Insurance Company hereby, submits the above reference rule filing for your approval. Please see the attached Explanatory Memorandum.

We respectfully request that the attached proposed forms be effective March 1, 2007.

State Required Forms:

CA-RA1, CA-RA2, CA-RA3, CA-RA4, CA-RA5, CA-RA6, CA-RA7, CA-RA8

Filing Memorandum


Company Related Exhibits:

Current Rate/Rule Page Effective – January 1, 2003  
Proposed Rate/Rule Page Effective – March 1, 2007

We have also enclosed 3 copies of the cover letter, 3 copies of the filing, and a self-addressed postage paid envelope.

Please feel free to contact me if you have any questions or require further information.

Sincerely,



Marlene Wendel  
Bankers Insurance Company  
State Filing Analyst  
800-627-0000 Ext. 4889  
[mmwendel@bankersinsurance.com](mailto:mmwendel@bankersinsurance.com)

RATE FILING BUREAU—SF

JAN 25 2007

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

CALIFORNIA

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**I. Rate Rule: The premium to be charged shall be:**

**STATE BONDS:**

Bonds up to and including \$500.00 in liability will be charged \$50.00.

Bonds over \$500.00 will be charged 10% of the penal amount.

**FEDERAL BONDS**

Bonds up to and including \$450.00 in liability will be charged \$50.00.

Bonds over \$450.00 will be charged 12% of the penal amount.

**QUALIFIED UNIONS, PRIVATE DEFENSE COUNSEL, AND ACTIVE DUTY MEMBERS AND VETERANS OF THE UNITED STATES MILITARY ARMED FORCES AND THEIR IMMEDIATE FAMILIES**

Bonds up to and including \$600.00 in liability will be charged \$50.00.

Bonds over \$600.00 in liability will be charged 8% of the penal amount.

Qualified Union is any union in which the defendant or indemnitor are members. Membership must be validated by a current union card.

Private Defense Counsel is any practicing defense attorney that is retained for or on behalf of a defendant.

Immediate Family is defined as a parent, child, or spouse.

**II. Minimum Premium: \$50 per bond.**

<p>These rates must be charged by all Agents of BANKERS INSURANCE COMPANY.</p>
--

# Exhibit 13

*Bankers Insurance Company*

***Rule filing 05-5598***

*Filed: July 15, 2005*

*Effective: September 20, 2005*

*Excerpted to include cover pages and rate schedule only.*

## DEPARTMENT OF INSURANCE

RATE REGULATION BRANCH

300 SOUTH SPRING STREET

LOS ANGELES, CA 90013

www.insurance.ca.gov

LAV



September 7, 2005

Bankers Insurance Company  
attn.: Marlene Wendel, State Filing Analyst  
360 Central Ave.  
St. Petersburg, FL 33701

## RE: APPROVAL OF APPLICATION

BANKERS INSURANCE COMPANY has submitted the following application for approval regarding the following line of business or program:

<u>CDI App. No(s):</u>	05-5598
<u>Insurer File No(s):</u>	105-81
<u>Line(s) of Insurance:</u>	Commercial Surety
<u>Program:</u>	Bail Bonds

Only the change(s) specifically indicated in the application set forth above, as it may have been amended, is (are) approved. Nothing in this letter shall constitute approval of any other application, whether incorporated by reference, or filed prior or subsequent to the application set forth above. BANKERS INSURANCE COMPANY shall begin issuing policies pursuant to this approval within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. BANKERS INSURANCE COMPANY may implement this approval earlier if it is able to do so. Regardless of the implementation date, BANKERS INSURANCE COMPANY shall implement this approval with the same effective date for both new and renewal business and shall offer this product to all eligible applicants as of the implementation date. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced lines or programs may be approved or ordered by the Insurance Commissioner.

If any portion of the application or related documentation conflicts with California law, that portion is specifically not approved. This approval does not constitute an approval of underwriting guidelines nor the specific language, coverages, terms, covenants and conditions contained in any forms, or of the forms themselves. Policy forms and underwriting guidelines included in this filing were reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance. Any subsequent changes to underwriting guidelines or coverages, terms, covenants and conditions contained in any forms must be submitted with supporting documentation when those changes result in any rating impact. The Commissioner may at any time take any action allowed by law if he determines that any underwriting guidelines, forms or procedures for application of rates, or any other portions of the application conflict with any applicable laws or regulations.

Sincerely,

Douglas G. Barker, J.D.  
Bureau Chief, LA-3 Rate Filing Bureau  
Telephone: (213) 346-6786  
Facsimile: (213) 897-6181  
E-Mail: [BarkerD@insurance.ca.gov](mailto:BarkerD@insurance.ca.gov)

FILE SCANNED  
DATE: 7/31/07  
INITIALS: BP

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)

APPLICATION FOR APPROVAL OF  
INSURANCE RATES

Your file #: 105-81  
(15 characters maximum)

☒ Original ☐ Copy 1 ☐ Copy 2

Does this file contain group data? Yes ☐ No ☒

Is this a specialty filing? Yes ☐ No ☒

Note: A separate CA-RA1 page must be  
submitted for each company within a  
Group filing.

Latest applicable CDI File No. in this  
Line, Subline and/or Program:

03-11

Department Use Only

FILING NO.: 05-5598

DATE FILED: JUL 15 2005

COMPLIANCE DATE: JUL 18 2005

DATE PUBLIC NOTIFIED: JUL 22 2005

DEEMER DATE: SEP 20 2005

INTAKE ANALYST: ZAMUDIOM

BUREAU CODE & SR.: LAS-Allen K.

GROUP FILING: Yes ☒ No ☐

X-REFERENCE #:

Rate New Program ☒ Rule ☐ Form  
Both Rate & Form Class Plan

PERCENT CHANGE: 0 %

Company Name Bankers Insurance Company Group Name Bankers Insurance Group

NAIC Company Code 33162 NAIC Group Code 0689

Organized Under the Laws of the State of Florida

Line of Insurance Commercial Surety Subline Other  
(as it appears in CA-RA3) (as it appears in CA-RA3)

Program Bail Bonds

Home Office 360 Central Ave, St. Petersburg, FL 33701

Main Administrative Office in California N/A

Name and Title of Contact Person Marlene Wendel, State Filing Analyst

Toll Free Phone No.: (800) 627-0000 x4889 Fax No.: (727) 898-2608  
If not available, collect calls will be made.

Internet Address (if available): mmwendel@bankersinsurance.com

Mailing Address 360 Central Ave, St. Petersburg, FL 33701

I declare under penalty of perjury, under the laws of the State of California, that the  
information filed is true, complete, and correct.

Marlene Wendel

Authorized Signature

July 13, 2005

Date of Filing

800-627-0000

Telephone Number

JUL 15 2005

RATE FILING BUREAU-SF

# **BANKERS**

## **INSURANCE GROUP**

July 13, 2005

California Department of Insurance  
Rate Regulation Division  
Rate Filing Bureau  
45 Fremont Street, 23<sup>rd</sup> Floor  
San Francisco, CA 94105

Re: BANKERS INSURANCE COMPANY  
Program – Bail Bonds  
Line of Insurance – Commercial Surety  
Rate/Rule Filing  
Company File Number – 105-81

RATE FILING BUREAU—SF  
JUL 15 2005  
STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

Banker Insurance Company hereby, submits the above reference rate/rule filing for your approval. Please see the attached Explanatory Memorandum.

We respectfully request that the attached manual page be effective immediately upon your approval. Enclosed you will find the following documents for your review.

State Required Forms:  
CA-RA1 thru 8

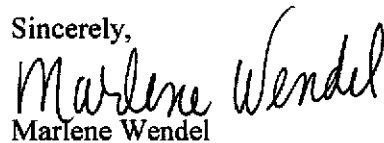
Filing Memorandum

Company Related Forms:  
Manual Page – MD1

We have also enclosed 3 copies of the cover letter, 3 copies of the filing and a self-addressed postage paid envelope.

Please feel free to contact me if you have any questions or require further information.

Sincerely,



Marlene Wendel

Bankers Insurance Company  
State Filing Analyst  
800-627-0000 x4889  
mmwendel@bankersinsurance.com

CALIFORNIA

---

I. Rate Rule: The premium to be charged shall be:

STATE BONDS:

Bonds up to and including \$500.00 in liability will be charged \$50.00.

Bonds over \$500.00 will be charged 10% of the penal amount.

FEDERAL BONDS

Bonds up to and including \$450.00 in liability will be charged \$50.00.

Bonds over \$450.00 will be charged 12% of the penal amount.

QUALIFIED UNIONS AND PRIVATE DEFENSE COUNSEL

Bonds up to and including \$600.00 in liability will be charged \$50.00.

Bonds over \$600.00 in liability will be charged 8% of the penal amount.

Qualified Union is any union in which the defendant or indemnitor are members.  
Membership must be validated by a current union card.

Private Defense Counsel is any practicing defense attorney that is retained for or on behalf of a defendant.

II. Minimum Premium: \$50 per bond.

These rates must be charged by all Agents of  
BANKERS INSURANCE COMPANY.

# Exhibit 14

*Bankers Insurance Company*

***Rule filing 03-11***

*Filed: December 20, 2002*

*Effective: March 11, 2003*

*Excerpted to include cover pages and rate schedule only.*

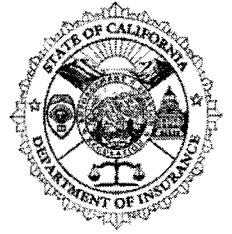
**DEPARTMENT OF INSURANCE**

RATE REGULATION DIVISION

300 South Spring Street

Los Angeles, CA 90013

www.insurance.ca.gov

**FILE SCANNED**  
**DATE:** 11-27-07  
**INITIALS:** M

March 10, 2003

Bankers Insurance Company  
Attn.: Michael Whalen - Assistant Vice President  
360 Central Avenue  
St. Petersburg, FL 33701

**RE: APPROVAL OF APPLICATION**

BANKERS INSURANCE COMPANY has submitted the following application for approval regarding the following line of business or program:

**CDI App. No(s):** 03-11  
**Insurer File No(s):** 102-86  
**Line(s) of Insurance:** Commercial Surety  
**Program:** Bail Bonds

Only the change(s) specifically requested in the application set forth above is (are) approved. No other application is herein approved, whether incorporated by reference, or filed prior to or subsequent to the application set forth above. BANKERS INSURANCE COMPANY may immediately issue policies pursuant to this approval and, in any event, must do so within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced lines or programs may be approved or ordered by the Insurance Commissioner.

Policy forms included in this filing were reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance. This approval does not constitute an approval of the specific language, coverages, terms, covenants and conditions contained in any forms, or of the forms themselves, and the Commissioner may at any time take any action allowed by law if he determines that any of such forms conflict with any laws or regulations applicable to them.

Sincerely,

A handwritten signature in black ink, appearing to be "DB", is written over a circular stamp or seal.

Doug Barker, Bureau Chief  
LA-3 Rate Filing Bureau  
Telephone (213) 346-6786  
Facsimile (213) 897-6181  
E-Mail [BarkerD@insurance.ca.gov](mailto:BarkerD@insurance.ca.gov)

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)

APPLICATION FOR APPROVAL OF  
INSURANCE RATES

Your file #: 102-86  
(15 characters maximum)

☒ Original ☐ Copy 1 ☐ Copy 2

Does this file contain group data? Yes ☐ No ☒

Is this a specialty filing? Yes ☐ No ☒

**Note: A separate CA-RA1 page must be  
Submitted for each company within a  
Group filing.**

Latest applicable CDI File No. in this  
Line, Subline and/or Program:

101-10

Department Use Only

FILING NO.: 03-11

DATE FILED: 12-20-02

COMPLIANCE DATE: 1-2-03

DATE PUBLIC NOTIFIED: 1-10-03

DEEMER DATE: 3-11-03

INTAKE ANALYST: Rivera J.

BUREAU CODE & SR.: LA3-Allen K.

GROUP FILING: Yes ☒ No ☐

X-REFERENCE #: \_\_\_\_\_

Rate New Program ☒ Rule ☐ Form  
Both Rate & Form Class Plan

PERCENT CHANGE: X %

Company Name Bankers Insurance Company Group Name Bankers Insurance Group

NAIC Company Code 33162 NAIC Group Code 0689

Organized Under the Laws of the State of Florida

Line of Insurance Commercial Surety Subline Other  
(as it appears in CA-RA3) (as it appears in CA-RA3)

Program Bail Bonds

Home Office 360 Central Avenue, St. Petersburg, FL. 33701

Main Administrative Office in California Not Applicable

Name and Title of Contact Person Michael Whalen, Assistant Vice President

Toll Free Phone No.: (800) 627-0000, ext. 4326 Fax No.: (727) 823-6518  
If not available, collect calls will be made.

Internet Address (if available): mjwhalen@Bankersinsurance.com

Mailing Address 360 Central Avenue, St. Petersburg, FL. 33701

I declare under penalty of perjury, under the laws of the State of California, that the  
information filed is true, complete, and correct.

Authorized Signature

December 30, 2002 (800) 627-0000 x4326

Date of Filing Telephone Number

RATE FILING BUREAU-SF

DEC 31 2002

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE



**Bankers Insurance Company**

P.O. Box 15707, St. Petersburg, Florida 33733-5707 / 800-627-0000

December 18, 2002

California Department of Insurance  
Rate Regulation Division  
Rate Filing Bureau  
45 Fremont St., 23<sup>rd</sup> Floor  
San Francisco, CA 94105

RATE FILING BUREAU—SF  
DEC 20 2002  
STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

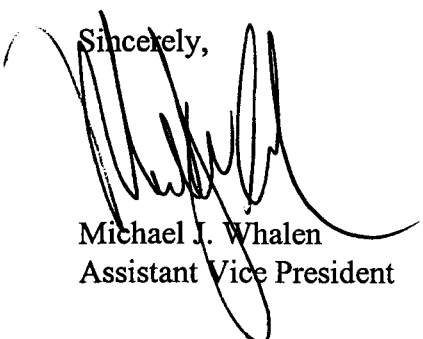
Dear Bureau:

Please find enclosed a proposed amended rate filing for our bail bond program. This amendment allows a lower premium to be charged for a bail bond where an attorney represents the defendant or the defendant/indemnitor is a member of qualified union.

This rate structure is identical to filings currently in effect by several other surety companies, including Sirius America Insurance Company (CDI#02-2863, effective 07/30/02) and Highland Insurance Company (CDI#00-51).

Thank you for your consideration.

Sincerely,



Michael J. Whalen  
Assistant Vice President



---

**Bankers Insurance Company**  
P.O. Box 15707, St. Petersburg, Florida 33733-5707 / 800-627-0000

---

December 19, 2002

State of California  
Department of Insurance  
45 Fremont Street  
San Francisco, CA 94105

Re: Bankers Insurance Company  
Form Filing-Commercial Surety

Dear Sir/Madam:

The above reference company hereby submits the attached form filing for your review and approval. The attached form will be used by our California licensed agents to re-assume the liability on certain forfeited bonds. The form will be printed on 2 part carbonless paper.

If you have any questions or need additional information, please feel free to contact me at 1-800-627-0000 ext. 4276, e-mail [irmcclos@bankersinsurance.com](mailto:irmcclos@bankersinsurance.com). Please send all correspondence to my attention at Bankers Insurance Group, 360 Central Avenue, St. Petersburg, FL 33701.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Ilene R. McCloskey". The signature is fluid and cursive, with a large, stylized "M" and "C".

Ilene R. McCloskey  
Project Manager

Enclosures

**CALIFORNIA**

---

**I. Rating Rule: The premium to be charged shall be:**

**STATE BONDS:**

Bonds up to and including \$500.00 in liability will be charged \$50.00.

Bonds over \$500.00 will be charged 10% of the penal amount.

**FEDERAL BONDS**

Bonds up to and including \$450.00 in liability will be charged \$50.00.

Bonds over \$450.00 will be charged 12% of the penal amount.

**QUALIFIED UNIONS AND PRIVATE DEFENSE COUNSEL:**

Bonds up to and including \$600.00 in liability will be charged \$50.00.

Bonds over \$600.00 in liability will be charged 8% of the penal amount.

Qualified Union is any union in which the defendant or indemnitor are members.  
Membership must be validated by a current union card.

Private Defense Counsel is any practicing defense attorney that is retained for or on behalf of a defendant.

**II. Minimum Premium: \$50.00 per bond**

**III. Class Code        261**

**These rates must be charged by all Agents of  
BANKERS INSURANCE COMPANY.**

**These rates include all costs, expenses, and service fees.**

# Exhibit 15

*Bankers Insurance Company*

***Rule filing 01-3860***

*Filed: March 27, 2001*

*Effective: June 5, 2001*

*Excerpted to include cover pages and rate schedule only.*

**DEPARTMENT OF INSURANCE**300 SOUTH SPRING STREET, SUITE 12705  
LOS ANGELES, CA 90013

May 22, 2001

**LAV**

Bankers Insurance Company  
Mr. Michael Whalen, Assistant Vice President  
360 Central Ave.  
St. Petersburg, FL 33701

**RE: APPROVAL OF APPLICATION**

**BANKERS INSURANCE COMPANY** has submitted the following application for approval regarding the following line of business or program:

**CDI App. No(s):** 01-3860

**Insurer File No(s):** 101-10

**Line(s) of Insurance:** COMMERCIAL SURETY

**Program:** BAIL BONDS

Only the change(s) specifically requested in the application set forth above is (are) approved. No other application is herein approved, whether incorporated by reference, or filed prior to or subsequent to the application set forth above. **BANKERS INSURANCE COMPANY** may immediately issue policies pursuant to this approval and, in any event, must do so within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced lines or programs may be approved or ordered by the Insurance Commissioner.

Policy forms included in this filing were reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance. This approval does not constitute an approval of the specific language, coverages, terms, covenants and conditions contained in any forms, or of the forms themselves, and the Commissioner may at any time take any action allowed by law if he determines that any of such forms conflict with any laws or regulations applicable to them.

Sincerely,

*Doug Barker by T. G.*  
Doug Barker

Chief, LA-3 Rate Filing Bureau

Telephone (213) 346-6786

Facsimile (213) 897-6181

E-Mail [BarkerD@insurance.ca.gov](mailto:BarkerD@insurance.ca.gov)

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)

APPLICATION FOR APPROVAL OF  
INSURANCE RATES

Your file #: 101-10  
(15 characters maximum)

☒ Original ☐ Copy 1 ☐ Copy 2

Does this file contain group data? Yes ☐ No ☒

Is this a specialty filing? Yes ☐ No ☒

**Note: A separate CA-RA1 page must be  
Submitted for each company within a  
Group filing.**

Latest applicable CDI File No. in this  
Line, Subline and/or Program:

94-7956

Department Use Only

LAV

FILING NO.: 01-3860

DATE FILED: 3-27-01

COMPLIANCE DATE: 3-29-01

DATE PUBLIC NOTIFIED: 4-6-01

DEEMER DATE: 6-5-01

INTAKE ANALYST: Rivera J.

BUREAU CODE & SR.: LA3-Ledano A.

GROUP FILING: Yes ☒ No ☐  
X-REFERENCE #: \_\_\_\_\_

Rate New Program ☒ Rule Form  
Both Rate & Form Class Plan

PERCENT CHANGE: X %

Company Name Bankers Insurance Company Group Name Bankers Insurance Group

NAIC Company Code 33162 NAIC Group Code 0689

Organized Under the Laws of the State of Florida

Line of Insurance Commercial Surety Subline Other  
(as it appears in CA-RA3) (as it appears in CA-RA3)

Program Bail Bonds

Home Office 360 Central Avenue, St Petersburg, FL 33701

Main Administrative Office in California Not applicable

Name and Title of Contact Person Michael Whalen, Assistant Vice President

Toll Free Phone No.: (800) 627-0000, ext 4326 Fax No.: (727) 823-6518  
If not available, collect calls will be made.

Internet Address (if available): mjwhalen@Bankersinsurance.com

Mailing Address 360 Central Avenue, St Petersburg, FL 33701

I declare under penalty of perjury, under the laws of the State of California, that the  
information filed is true, complete, and correct.

Authorized Signature

March 23, 2001 800-627-0000, x4326

Date of Filing Telephone Number

RATE FILING BUREAU-SF

MAR 27 2001

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE



**Bankers Insurance Company**  
P.O. Box 15707, St. Petersburg, Florida 33733-5707 / 800-627-0000

March 20, 2001

California Department of Insurance  
45 Fremont St., 23<sup>rd</sup> Floor  
San Francisco, CA 94105

RE: Bankers Insurance Company #33162  
Line of Business: Surety  
Program: Bail Bonds  
Rate/Rule Change

RATE FILING BUREAU--SF  
MAR 27 2001  
STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

Dear Department:

Bankers Insurance Company respectfully requests your consideration of an approval of our amended rate filing for Bail Bonds. This filing eliminates a \$15.00 per bond service fee.

On December 6, 1994, the Department approved our request to add this \$15.00 service fee (see attached acknowledgement). We simply would request to eliminate this fee.

Attached is a copy of our revised rate page. We have also included CA-RA1 through CA-RA8.

If you should need any clarification on this matter, please call me at (800) 627-0000, ext. 4326.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael V. Whalen", written over a horizontal line.

Michael V. Whalen  
Assistant Vice-President

**MISCELLANEOUS DATA**

1. Provide a schedule of agent's commissions for the most recent three years.
2. Indicate any changes implemented to reduce or contain expenses, both acquisition and claim components.
3. Indicate if there are policy fees for this program.

  X   Yes                             No      The intent of this filing is to eliminate  
this policy fee.

If yes, please answer the following:

- a. The policy fees apply to:

  X   New Business                      Amount:   \$15.00  

       Renewal Business                      Amount:           

- b. Indicate if the policy fees are included in the earned premium on pages CA-RA5 and CA-RA6. If not, explain

\_\_\_\_\_  
\_\_\_\_\_

- c. Indicate the amount of the policy fee that is retained by the company and the amount that is retained by the agent.

       100% retained by the company \_\_\_\_\_  
\_\_\_\_\_

- d. Specify what the policy fee is used for.

       service & processing fees incurred by the company \_\_\_\_\_  
\_\_\_\_\_

4. List any other miscellaneous fees that are applied. Explain the purpose of the fees.

\_\_\_\_\_  
\_\_\_\_\_

CALIFORNIA

---

STATE BONDS:

Bonds up to and including \$500.00 in liability will be charged \$50.00.

Bonds over \$500.00 will be charged 10% of the penal amount.

FEDERAL BONDS

Bonds up to and including \$450.00 in liability will be charged \$50.00.

Bonds over \$450.00 will be charged 12% of the penal amount.

These rates must be charged by all Agents of  
BANKERS INSURANCE COMPANY.

These rates include all costs, expenses, and service fees.

# Exhibit 16

*Continental Heritage Insurance Company*

***Rule filing 17-1995***

*Filed: March 20, 2017*

*Effective: May 10, 2017*

*Excerpted to include cover pages and rate schedule only.*

<b>State:</b>	California	<b>Filing Company:</b>	Continental Heritage Insurance Company
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	CHIC CA Bail Rules		
<b>Project Name/Number:</b>	CHIC CA Bail/		

## Filing at a Glance

Company:	Continental Heritage Insurance Company
Product Name:	CHIC CA Bail Rules
State:	California
TOI:	24.0 Surety
Sub-TOI:	24.0000 Surety
Filing Type:	Rule
Date Submitted:	03/10/2017
SERFF Tr Num:	HNDY-130957860
SERFF Status:	Closed-Approved
State Tr Num:	17-1995
State Status:	Approved
Co Tr Num:	CHIC CA BAIL 20174
Effective Date	On Approval
Requested (New):	
Effective Date	
Requested (Renewal):	
Author(s):	Iris Arnold, Laurel Ullman-Bockert, Wan Collier
Reviewer(s):	Veronica Kaufman (primary), Ed Lin
Disposition Date:	05/10/2017
Disposition Status:	Approved
Effective Date (New):	05/10/2017
Effective Date (Renewal):	05/10/2017

---

<b>State:</b>	California	<b>Filing Company:</b>	Continental Heritage Insurance Company
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	CHIC CA Bail Rules		
<b>Project Name/Number:</b>	CHIC CA Bail/		

## General Information

Project Name: CHIC CA Bail	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 05/10/2017	
State Status Changed: 05/10/2017	Deemer Date: 05/23/2017
Created By: Laurel Ullman-Bockert	Submitted By: Laurel Ullman-Bockert
Corresponding Filing Tracking Number:	

### Filing Description:

We are adding rules for new rating options there is no estimated rate impact for this filing.

## Company and Contact

### Filing Contact Information

Laurel Ullman-Bockert, Manager Regulatory lullman@evergreen-national.com

#### Affairs

440 Parkland Blvd., Suite 321	440-229-3407 [Phone]
Mayfield Heights, OH 44124	440-229-3421 [FAX]

### Filing Company Information

Continental Heritage Insurance Company	CoCode: 39551	State of Domicile: Florida
6140 Parkland Blvd., Suite 321	Group Code: 3592	Company Type: Property & Casualty
Mayfield Heights, OH 44124	Group Name:	State ID Number: 08673
(440) 229-3407 ext. [Phone]	FEIN Number: 87-0363183	

---

## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

## State Specific

Variance Requested? (Yes/No): No

Continental Heritage Insurance Company  
NAIC #39551

SCHEDULE OF PREMIUMS  
For  
BAIL BONDS written in the STATE OF CALIFORNIA

Item 1. STATE BAIL BONDS- GENERAL

The premium charged shall be 10% of the penal amount, with a minimum of premium of \$50.00

Item 2. STATE BAIL BONDS- 8% PREFERRED RATE

The premium charged shall be 8% of the penal amount, with a minimum premium of \$50.00 if any of the following are satisfied.

Qualified Union Members. If (a) the defendant, (b) any indemnitor, or (c) the defendant's or indemnitor's, parent, spouse or child is an active union member; or

Active or Former Military. If (a) the defendant, (b) any indemnitor, or (c) the defendant's or indemnitor's, parent, spouse or child is currently serving or has been honorably discharged from any branch of the United States Armed Services; or

Senior Citizen. If (a) the defendant, (b) any indemnitor is age 60 or older; or

Law Enforcement. If (a) the defendant, (b) any indemnitor, or (c) the defendant's or indemnitor's, parent, spouse or child is an active duty law enforcement officer; or

Private Counsel. Private defense counsel is retained for the defendant either prior to or within 10 days of the bond being posted; or

Full Payment of Bond Premium. The full premium is paid before the bond is posted; or

Full Collateral. Cash collateral of at least 50% of the penal amount of the bond, or deed(s) of trust on real property with equity of at least 100% of the penal amount of the bond is provided before the bond is posted.

Item 3. STATE BAIL BONDS- 7% PREFERRED RATE

The premium charges shall be 7% of the penal amount, with a minimum premium of \$50.00 is the following are satisfied.

Private Counsel. Private defense counsel is retained for the defendant either prior to or within 10 days of the bond being posted; and

Full Payment of Bond Premium. The full premium is paid before the bond is posted.

Item 4. STATE BAIL BONDS- 6% PREFERRED RATE

The premium charged shall be 6% of the penal amount, with a minimum premium of \$50.00 if the following is satisfied.

Full Collateral. Cash collateral of 100% of the penal amount of the bond, and deed(s) of trust on real property with equity of at least 100% of the penal amount of the bond, or any combination thereof equal to 100% of the penal amount is provided before the bond is posted.

# Exhibit 17

*Continental Heritage Insurance Company*

***Form filing 12-6468***

*Filed: August 13, 2012*

*Effective: October 23, 2012*

*Excerpted to include cover pages and rate schedule only.*

### PRIOR APPROVAL RATE APPLICATION

Completed by: Christine King

Date: 8/8/2012

Your File #: \_\_\_\_\_  
( 15 Characters Maximum)

☐ SERFF ☐ CD (plus 1 paper copy) ☒ Paper (1 original plus 1 copy)

Does this filing include a variance request? No ☐

Is this a variance request submitted after the prior approval application to which it applies? No ☐

If yes, provide the applicable CDI File Number: \_\_\_\_\_

Does this file contain group data? No ☐

Note: Complete page 2 if this is a group filing

Is this a specialty filing? No ☐

Latest applicable CDI file number in this line, subline and/or program: \_\_\_\_\_

Company Name Continental Heritage Insurance Company

NAIC Company Code 39551

Group Name \_\_\_\_\_

NAIC Group Code \_\_\_\_\_

Organized under the Laws of the State of Florida

DEPARTMENT USE ONLY	
Filing No.:	<u>12-6468</u>
SERFF No.:	<u>N/A</u>
Date Filed:	<u>8/13/12</u>
Compliance Date:	<u>8/17/12</u>
Date Public Notified:	<u>AUG 24 2012</u>
Deemer Date:	<u>OCT 23 2012</u>
Intake Analyst:	<u>ZAMUDIOM</u>
Bureau & Senior:	<u>LA3-7U</u>
Group Filing:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
X-Reference No.:	_____
<input type="checkbox"/> Rate <input type="checkbox"/> New Program <input type="checkbox"/> Rule	
<input checked="" type="checkbox"/> Form <input type="checkbox"/> Variance <input checked="" type="checkbox"/> % Change	

Line Type COMMERCIAL

Line of Insurance: SURETY

Subline \_\_\_\_\_

Program Bail Bonds **RATE FILING BUREAU-SF**

Home Office 6140 Parkland Blvd. Suite 321 Mayfield Hts. OH 44124

**AUG 13 2012**

Name and Title of Contact Person Christine King, Manager Regulatory Affairs

Toll Free Phone No.: 440 229-3420

Fax No.: 440 229-3421

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

Email Address regulatory@evergreen-national.com

Mailing Address 6140 Parkland Blvd. Suite 321 Mayfield Hts. OH 44124

I declare under penalty of perjury under the laws of the State of California, that the information filed is true, complete, and correct

Authorized Signature

Date of Filing

Telephone Number

Important note: Refer to CDI website at <http://www.insurance.ca.gov/0250-insurers/0800-rate-filings/> for the most current rate template and prior approval factors.



## CONTINENTAL HERITAGE

Christine King  
Manager of Regulatory Affairs  
440 229 3407 | cking@evergreen-national.com

August 8, 2012

California Insurance Department  
Rate Filing Bureau  
45 Fremont Street  
San Francisco, CA 94105

To Whom It May Concern:

Continental Heritage Insurance Company has made revisions to its previously filed and approved bail bond forms. We seek approval of these forms for use in the state of California.

Enclosed are the Rate, Rule and Form filing application (Exhibit A), a chart detailing the changes made on each form (Exhibit B), and a copy of the new forms, forms previously filed and approved by the California Insurance Department and blackline(s) showing changes made to such forms (Exhibit C). The changes made to the forms are mostly "cosmetic" in nature and do not impact the rate, term or coverage.

Please do not hesitate to contact me with any questions you may have regarding this filing.

Christine King  
Manager Regulatory Affairs  
Continental Heritage Insurance Company

# Exhibit 18

*Continental Heritage Insurance Company*

*Rule filing 09-3983*

*Filed: May 7, 2009*

*Effective: July 21, 2009*

*Excerpted to include cover pages and rate schedule only.*

### PRIOR APPROVAL RATE APPLICATION

Completed by: Michele Wade

Date: 4/22/2009

Your File #: 09-CA-422

( 15 Characters Maximum)

☐ SERFF

☐ CD (plus 1 paper copy)

☒ Paper (1 original plus 1 copy)

Does this filing include a variance request?

No ☐

Is this a variance request submitted after the prior approval application to which it applies?

No ☐

If yes, provide the applicable CDI File Number:

Does this file contain group data?

No ☐

Note: Complete page 2 if this is a group filing

Is this a specialty filing?

No ☐

Latest applicable CDI file number in this line, subline and/or program:  
99-13986

Company Name Continental Heritage Insurance Company

NAIC Company Code 39551

Group Name

NAIC Group Code

Organized under the Laws of the State of

Florida

Line Code for this Line of Insurance:

24.0 ☐

Line of Insurance: SURETY

Subline Other

Program Bail Bond

Home Office 7200 W. Camino Real, Boca Raton, Florida 33433

Name and Title of Contact Person Michele Wade

Toll Free Phone No.: 866-489-6639

Fax No.: 440-229-3421

Email Address mwade@evergreen-national.com

Mailing Address 6140 Parkland Boulevard, Suite 321, Mayfield Heights, OH 44124

I declare under penalty of perjury under the laws of the State of California, that the information filed is true, complete, and correct

Michele Wade

Authorized Signature

5/5/09

Date of Filing

440-229-3407

Telephone Number

Important note: Refer to CDI website at <http://www.insurance.ca.gov/0250-insurers/0800-rate-filings/> for the most current rate template and prior approval factors.

DEPARTMENT USE ONLY	
Filing No.:	<u>09-3983</u>
SERFF No.:	<u>N/A</u>
Date Filed:	<u>5/7/09</u>
Compliance Date:	<u>5/15/09</u>
Date Public Notified:	<u>5/22/09</u>
Deemer Date:	<u>7/2/09</u>
Intake Analyst:	<u>ZAMUDION</u>
Bureau & Senior:	<u>LA3-TU</u>
Group Filing:	Yes <input type="checkbox"/> No <input type="checkbox"/>
X-Reference No.:	
<input type="checkbox"/> Rate	<input type="checkbox"/> New Program <input checked="" type="checkbox"/> Rule
<input type="checkbox"/> Form	<input type="checkbox"/> Variance <input checked="" type="checkbox"/> % Change

RATE FILING BUREAU-SF

MAY 07 2009

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

MA 3964



## CONTINENTAL HERITAGE

Michele Wade  
Manager of Regulatory Affairs  
440.229.3407 | mwade@evergreen-national.com

May 5, 2009

California Department of Insurance  
Rate Regulation Division  
Rate Filing Bureau  
45 Fremont Street, 23<sup>rd</sup> Floor  
San Francisco, CA 94105

RATE FILING BUREAU—SF

MAY 07 2009

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

Dear Bureau:

Please find enclosed a proposed amended rule filing for our bail bond program. This amendment consists of three changes:

1. The amendment eliminates the policy fee previously charged.
2. The amendment eliminates the preferred and high risk programs listed in the Rate Manual.
3. The amendment allows a lower premium to be charged for a bail bond where an attorney represents the defendant, the defendant/indemnitor is a member of a qualified union, or the defendant/indemnitor (and their immediate family) is a veteran of the United States Military Armed Forces.

This rule amendment is identical to filings currently in effect by several other surety companies, including Bankers Insurance Group (CDI#03-11), Sirius America Insurance Company (CDI#02-2863, effective 7/30/02) and Highland Insurance Company (CDI#00-51).

Thank you for your consideration.

Sincerely,

Michele Wade  
Manager of Regulatory Affairs

# **CONTINENTAL HERITAGE INSURANCE COMPANY**

## **Rate Manual**

### **Court Bonds – Judicial Proceedings**

#### **Bail Bond Rates**

**I. Rate Rule: The premium to be charged shall be:**

**A. STANDARD RATE**

1. Bonds up to and including \$500.00 in liability will be charged \$50.00.
2. Bonds over \$500.00 will be charged 10% of the penal amount.

**B. QUALIFIED UNIONS, PRIVATE DEFENSE COUNSEL, AND ACTIVE DUTY MEMBERS AND VETERANS OF THE UNITED STATES MILITARY ARMED FORCES AND THEIR IMMEDIATE FAMILIES RATE**

1. Bonds up to and including \$600.00 in liability will be charged \$50.00
2. Bonds over \$600.00 in liability will be charged 8% of the penal amount.

Qualified Union is any union in which the defendant or indemnitor are members. Membership must be validated by a current union card.

Private Defense Counsel is any practicing defense attorney that is retained for or on behalf of a defendant.

Immediate family is defined as a person, child or spouse.

**II. Minimum Premium: \$50.00 per bond.**

# Exhibit 19

*Continental Heritage Insurance Company*

***Form filing 04-7961***

*Filed: November 5, 2004*

*Effective: January 18, 2005*

*Excerpted to include cover pages and rate schedule only.*

**DEPARTMENT OF INSURANCE**

RATE REGULATION BRANCH

300 SOUTH SPRING STREET

LOS ANGELES, CA 90013

www.insurance.ca.gov

**LAV**

January 13, 2005

Continental Heritage Insurance Company

attn.: Sue Duffy

2800 Corporate Exchange Dr., #130

Columbus, OH 43231

**RE: APPROVAL OF APPLICATION**

CONTINENTAL HERITAGE INSURANCE COMPANY has submitted the following application for approval regarding the following line of business or program:

**CDI App. No(s):** 04-7961  
**Insurer File No(s):** CA BA 11 04  
**Line(s) of Insurance:** Commercial Surety  
**Program:** Bail Bond

Only the change(s) specifically indicated in the application set forth above, as it may have been amended, is (are) approved. Nothing in this letter shall constitute approval of any other application, whether incorporated by reference, or filed prior or subsequent to the application set forth above. CONTINENTAL HERITAGE INSURANCE COMPANY shall begin issuing policies pursuant to this approval within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. CONTINENTAL HERITAGE INSURANCE COMPANY may implement this approval earlier if it is able to do so. Regardless of the implementation date, CONTINENTAL HERITAGE INSURANCE COMPANY shall implement this approval with the same effective date for both new and renewal business and shall offer this product to all eligible applicants as of the implementation date. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced lines or programs may be approved or ordered by the Insurance Commissioner.

If any portion of the application or related documentation conflicts with California law, that portion is specifically not approved. This approval does not constitute an approval of underwriting guidelines nor the specific language, coverages, terms, covenants and conditions contained in any forms, or of the forms themselves. Policy forms and underwriting guidelines included in this filing were reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance. Any subsequent changes to underwriting guidelines or coverages, terms, covenants and conditions contained in any forms must be submitted with supporting documentation when those changes result in any rating impact. The Commissioner may at any time take any action allowed by law if he determines that any underwriting guidelines, forms or procedures for application of rates, or any other portions of the application conflict with any applicable laws or regulations.

Sincerely,

Douglas G. Barker, J.D.

Bureau Chief, LA-3 Rate Filing Bureau

Telephone: (213) 346-6786

Facsimile: (213) 897-6181

E-Mail: BarkerD@insurance.ca.gov

**FILE SCANNED**

DATE: 11-16-07

INITIALS:

LAV

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)

APPLICATION FOR APPROVAL OF  
INSURANCE RATES

Your file #: CA BA 11 04  
(15 characters maximum)

☒ Original ☐ Copy 1 ☐ Copy 2

Does this file contain group data? Yes ☐ No ☒

Is this a specialty filing? Yes ☐ No ☐

Note: A separate CA-RA1 page must be  
Submitted for each company within a  
Group filing.

Latest applicable CDI File No. in this  
Line, Subline and/or Program:

Department Use Only

FILING NO.: 04-7961

DATE FILED: NOV -5 2004

COMPLIANCE DATE: NOV 12 2004

DATE PUBLIC NOTIFIED: NOV 19 2004

DEEMER DATE: JAN 18 2005

INTAKE ANALYST: ROJORA

BUREAU CODE & SR.: LA3 Allen

GROUP FILING: Yes ☒ No ☐

X-REFERENCE #:                     

Rate New Program Rule ☒ Form  
Both Rate & Form Class Plan

PERCENT CHANGE: \* %

Company Name Continental Heritage Ins. Co. Group Name                     

NAIC Company Code 39551 NAIC Group Code 3592

Organized Under the Laws of the State of Ohio

Line of Insurance Comm Surety Subline None other  
(as it appears in CA-RA3) (as it appears in CA-RA3)

Program Bail Bond

Home Office 2800 Corporate Exch. Dr. #130, Columbus OH 43231

Main Administrative Office in California                     

Name and Title of Contact Person Sue Duffy / Mgr. of Regulatory Services

Toll Free Phone No.: (866) 591-6175 Fax No.: (614) 839-1810

If not available, collect calls will be made.

Internet Address (if available): sduffy@evergreen-national.com

Mailing Address                     

I declare under penalty of perjury, under the laws of the State of California, that the  
information filed is true, complete, and correct.

Sue Duffy

Authorized Signature

11-4-04

Date of Filing

866-591-6175

Telephone Number



## CONTINENTAL HERITAGE

Sue Duffy  
Manager of Regulatory Services  
866.591.6175 | sduffy@evergreen-national.com

November 4, 2004

California Department of Insurance  
Rate Filing Bureau  
45 Fremont Street  
San Francisco, CA 94105

RATE FILING BUREAU--SF

NOV 05 2004

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

RE: Continental Heritage Insurance Company  
Revision to Bail Bond Forms

Dear Sir or Madam:

Continental Heritage Insurance Company has made revisions to its previously filed and approved bail bond forms. We seek approval of these forms for use in the State of California.

We are enclosing a document outlining the changes on each form. Most of the changes are "cosmetic" and have no impact on the coverage provided. Along with a copy of the previous forms filed and approved by your Department.

There are nine new forms we seek approval of. These are standard bail bond forms required by California statute.

Please contact me if you have any questions regarding this filing. We appreciate your consideration.

Sincerely,

Sue Duffy  
Manager of Regulatory Services

Enclosures

# Exhibit 20

*Continental Heritage Insurance Company*

***Rule filing 99-13986***

*Filed: November 8, 1999*

*Effective: January 18, 2000*

*Excerpted to include cover pages and rate schedule only.*

LAV

DEPARTMENT OF INSURANCE  
RATE REGULATION DIVISION  
RATE FILING BUREAU  
45 Fremont St., 23rd Floor  
San Francisco, CA 94105



January 4, 2000

Sue Duffy, Regulatory Compliance Analyst  
CONTINENTAL HERITAGE INSURANCE COMPANY  
P.O. Box 163340  
2400 Corporate Exchange Drive, Suite 290  
Columbus, OH 43231

RE: APPROVAL LETTER

*Continental Heritage Insurance Company* has submitted an application for approval regarding the following line of business:

<b><u>CDI App. No.:</u></b>	<b>99-13986</b>
<b><u>Insurer File No.:</u></b>	<b>118</b>
<b><u>Type of Filing:</u></b>	<b>Rule</b>
<b><u>Line of Insurance:</u></b>	<b>Commercial Surety</b>
<b><u>Program:</u></b>	<b>Bail Bond</b>
<b><u>% Rate Change Approved:</u></b>	<b>0%</b>

Only the changes specifically requested in the application set forth above are approved. No other application is herein approved, whether incorporated by reference, or filed prior to or subsequent to the application set forth above. *Continental Heritage Insurance Company* may immediately issue policies pursuant to this approval and, in any event, must do so within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced line may be approved or ordered by the Insurance Commissioner.

Signed,

*Richard E. Holbrook ef*

Richard E. Holbrook  
Chief, Rate Filing Bureau - San Francisco  
Tel: (415) 538-4328

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)

APPLICATION FOR APPROVAL OF  
INSURANCE RATES

Your file #: 118  
(15 characters maximum)

x Original x Copy 1 x Copy 2

Does this file contain group data? Yes ☐ No ☒

Is this a specialty filing? Yes ☐ No ☒

**Note: A separate CA-RA1 page must be submitted  
for each company within a group filing.**

Latest applicable CDI File No. in this Line,  
Subline, and/or Program:

97-10522

Department Use Only

FILING NO.: 99-13986

DATE FILED: 11-8-99

COMPLIANCE DATE: 11-10-99

DATE PUBLIC NOTIFIED: 11-19-99

DEEMER DATE: 1-18-00

INTAKE ANALYST: WARNERL

BUREAU CODE & SR.: S7-Pearl

For Group Filing Yes ☒ No ☐  
X-Reference #:

Rate New Program ☒ Rule ☐ Form  
Both Rate & Form Class Plan

PERCENT CHANGE 2 %

Company Name Continental Heritage Ins. Co. Group Name n/a

NAIC Company Code 39551 NAIC Group Code 959

Organized Under the Laws of the State of Ohio

Line of Insurance Comm Surety Subline Other  
(as it appears in CA-RA3) (as it appears in CA-RA3)

Program Bail Bond

Home Office 2400 Corporate Exchange Drive, Suite 290, Columbus, OH 43231

Main Administrative Office in California n/a

Name and Title of Contact Person Sue Duffy/Regulatory Compliance Analyst

Toll Free Phone No.: (800) 878 - 7389 Fax No.: (614) 895 - 2707

If not available, collect calls will be made.

Internet Address (if available) sduffy@centurysurety.com

Mail Address same

I declare under penalty of perjury, under the laws of the State of California, that the information filed is true,  
complete, and correct.

Sue Duffy 10/25/99 800-878-7389  
Authorized Signature Date of Filing Telephone Number

RATE FILING BUREAU-SF

NOV 08 1999



# Continental Heritage Insurance Company

Branch Office P.O. Box 103340, 2400 Corporate Exchange Drive, Suite 290, Columbus, OH 43231  
(603) 878-7389 (614) 885-2600 (614) 895-7036

November 4, 1999

State of California  
Department of Insurance  
Rate Regulation Division  
Rate Filing Bureau  
45 Fremont Street, 23<sup>rd</sup> Floor  
San Francisco, CA 94105

RE: Bail Bond Program  
Rate Increase  
Your File # 97-10522

Dear Sir or Madam:

We are submitting for your approval the necessary paperwork for a change to our previously filed and approved rates for our Bail Bond Program.

This is essentially a "me too" filing as we wish to adopt the rates filed and approved by your Department of American Contractors.

Our original rate filing was approved effective January 15, 1998, however, to date we have not written this line of business in your state. Therefore, we have no figures to report.

I trust the information contained in this filing is adequate for your Department to make a favorable decision regarding these proposed new rates. Please contact me if you have any questions or concerns. Your consideration is appreciated.

Sincerely,

Sue Duffy  
Regulatory Compliance Analyst  
Sduffy@centurysurety.com

Enclosures

RATE FILING BUREAU—SF

NOV 08 1999

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

Continental Heritage Insurance Company  
Attention: Regulatory Compliance Analyst  
Sue Duffy  
45 Fremont Street, 23<sup>rd</sup> Floor  
San Francisco, CA 94105  
Phone: (614) 885-2600  
Fax: (614) 895-7036

# CONTINENTAL HERITAGE INSURANCE COMPANY

## Rate Manual

### Court Bonds – Judicial Proceedings

#### Bail Bond Rates

##### **PREFERRED**

8% of Penal amount plus \$15.00

Only bonds of \$30,000 penal amount and larger qualify for this rate and requires full cash collateral or it's equivalent or real property with an equity of no less than 150% of the penal amount (with all owners of record signed and notarized on short form deed of trust and deed must be recorded with applicable county recorder). Full premium must be paid at the time of execution of bonds.

##### **HIGH RISK**

15% of penal amount plus \$15.00

Will be charged with single indemnitor, signature only. Only bonds with penal amount of \$10,000.00 and less qualify for this rate. Execution of bond discretionary with underwriter.

##### **STANDARD**

10% of penal plus \$15.00

Any bond that does not qualify for high risk or preferred rates shall be underwritten at the STANDARD rate.

##### **MINIMUM PREMIUM**

A minimum premium of \$50.00 plus \$15.00 shall be charged on any bond with a penal amount below \$499.99.

# Exhibit 21

*Danielson National Insurance Company*

***Rule filing 11-1995***

*Filed: February 22, 2011*

*Effective: May 2, 2011*

*Excerpted to include cover pages and rate schedule only.*

State: California Filing Company: Danielson National Insurance Company  
 TOI/Sub-TOI: 24.0 Surety/24.0000 Surety  
 Product Name: Bail Bonds Program  
 Project Name/Number: DNIC-SU-BB-CA-11-01-RU/DNIC-SU-BB-CA-11-01-RU

## Filing at a Glance

Company: Danielson National Insurance Company  
 Product Name: Bail Bonds Program  
 State: California  
 TOI: 24.0 Surety  
 Sub-TOI: 24.0000 Surety  
 Filing Type: Rate/Rule  
 Date Submitted: 02/22/2011  
 SERFF Tr Num: PERR-127046219  
 SERFF Status: Closed-Approved  
 State Tr Num: 11-1995  
 State Status: Approved  
 Co Tr Num: DNIC-SU-BB-CA-11-01-RU  
 Effective Date: On Approval  
 Requested (New):  
 Effective Date  
 Requested (Renewal):  
 Author(s): Neresa Torres, Olga E. Garcia  
 Reviewer(s): Michael Jones (primary), Jerome Tu  
 Disposition Date: 05/02/2011  
 Disposition Status: Approved  
 Effective Date (New): 05/02/2011  
 Effective Date (Renewal): 05/02/2011

**State:** California **Filing Company:** Danielson National Insurance Company  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** Bail Bonds Program  
**Project Name/Number:** DNIC-SU-BB-CA-11-01-RU/DNIC-SU-BB-CA-11-01-RU

## General Information

Project Name: DNIC-SU-BB-CA-11-01-RU Status of Filing in Domicile: Not Filed  
Project Number: DNIC-SU-BB-CA-11-01-RU Domicile Status Comments:  
Reference Organization: N/A Reference Number: N/A  
Reference Title: N/A Advisory Org. Circular: N/A  
Filing Status Changed: 05/02/2011  
State Status Changed: 05/02/2011 Deemer Date: 05/03/2011  
Created By: Olga E. Garcia Submitted By: Ines Piquet  
Corresponding Filing Tracking Number: N/A

### Filing Description:

On behalf of Danielson National Insurance Company (the "Company"), we are submitting this filing to introduce a new rule to their Bail Bond program. Please see filing memorandum for further details.

The Company respectfully requests that the proposed rules be implemented for all policies effective on the earliest possible date of acknowledgment or approval.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the rules contained in this filing along with the explanatory memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

## Company and Contact

### Filing Contact Information

Olga E. Garcia, State Filing Analyst III ogarcia@perrknight.com  
401 Wilshire Blvd Suite 300 310-889-0965 [Phone]  
Santa Monica, CA 90401

### Filing Company Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Danielson National Insurance Company	CoCode: 19269	State of Domicile: California
P.O. Box 32039	Group Code:	Company Type:
Long Beach, CA 90832	Group Name:	State ID Number:
(562) 279-1300 ext. [Phone]	FEIN Number: 95-3072379	

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

## State Specific

---

<b>State:</b>	California	<b>Filing Company:</b>	Danielson National Insurance Company
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Bail Bonds Program		
<b>Project Name/Number:</b>	DNIC-SU-BB-CA-11-01-RU/DNIC-SU-BB-CA-11-01-RU		

Variance Requested? (Yes/No): No

Corrected

**Danielson National Insurance Company**

**SURETY**

**Section 3. Court and Fiduciary Bonds  
RISK AND RATE CLASSIFICATION**

**IV. RISK CLASSIFICATION**

**A. Judicial Proceedings –**

**1. Fixed Penalty Bonds**

**I. Bail Bonds In Civil Or Criminal Proceedings**

**State Bonds:**

All bail bonds, except as qualified below, are to be rated at 10% of the penal amount, plus a \$15.00 bond fee, subject to the minimum premium for bail bonds.

**Qualified Bonds:**

Qualified bail bonds are to be rated at 8% of the penal amount, plus a \$15.00 bond fee, subject to the minimum premium for bail bonds.

---

Eligibility Requirements for Qualified Bond Rates include any of the following and underwriting file documentation required to support:

- Unions
- Private Defense Counsel
- Active Duty Members of the United States Military Armed Forces
- Veterans of the United States Military Armed Forces
- Immediate Families of Active Duty and Veteran Members of the United States Military Armed Forces
- Employer Assistance Program

**Minimum Premium:**

Minimum premium for all bail bonds is \$50.00, plus a \$15.00 bond fee.

# Exhibit 22

*Danielson National Insurance Company*

***Rule filing 11-1385***

*Filed: February 2, 2011*

*Effective: April 12, 2011*

*Excerpted to include cover pages and rate schedule only.*

PRIOR APPROVAL RATE APPLICATION

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Your File #: CA BB 11 01 01  
( 15 Characters Maximum)

☐ SERFF ☐ CD (plus 1 paper copy) ☒ Paper (1 original plus 1 copy)

Does this filing include a variance request?  ▼

Is this a variance request submitted after the prior approval application to which it applies?  ▼

If yes, provide the applicable CDI File Number: \_\_\_\_\_

Does this file contain group data?  ▼

[Note: Complete page 2 if this is a group filing]

Is this a specialty filing?  ▼

Latest applicable CDI file number in this line, subline and/or program:  
08-1608, 08-1743

Company Name Danielson National Insurance Company

NAIC Company Code 19269

Group Name DHL Group

NAIC Group Code 930

Organized under the Laws of the State of California

Line Code for this Line of Insurance:  ▼

Line of Insurance: SURETY

Subline Bail Bonds Other

Program ↓

Home Office 444 West Ocean Blvd., 18th floor. Long Beach, CA 90802

Name and Title of Contact Person Patrick Pawlowski, Regulatory & Product Analyst

Toll Free Phone No.: 925-355-1901

Fax No.: 925-355-0347

Email Address pat@pepski.com

Mailing Address 25 Dogie Court, San Ramon, CA 94583

I declare under penalty of perjury under the laws of the State of California, that the information filed is true, complete, and correct

Patrick Pawlowski  
Authorized Signature

January 20, 2011  
Date of Filing

925-355-1901  
Telephone Number

Important note: Refer to CDI website at <http://www.insurance.ca.gov/0250-insurers/0800-rate-filings/> for the most current rate template and prior approval factors.

DEPARTMENT USE ONLY

Filing No.: 11-1385

SERFF No.: \_\_\_\_\_

Date Filed: 2-2-11

Compliance Date: 2-3-11

Date Public Notified: 2-11-11

Deemer Date: 4-12-11

Intake Analyst: Rivera

Bureau & Senior: LA3-TM

Group Filing:  ▼

X-Reference No.: \_\_\_\_\_

☐ Rate ☐ New Program ☒ Rule

☐ Form ☐ Variance 0 % Change

RATE FILING BUREAU-SF

FEB 02 2011

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

INSURER GROUP MULTI-COMPANY FILING

For private passenger auto insurance only, does CIC, 1861.16(c) apply?  
If yes, please complete (Super Group) Exhibit 19.

☐ No ☒

List each insurance company in alphabetical order.

1 Company Name Danielson National Insurance Company CDI Filing No. 11-1385

( Department use only )

NAIC Company Code 930-19269

2 Company Name National American Insurance Co. of California CDI Filing No. 11-1387

( Department use only )

NAIC Company Code 930-23671

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_

( Department use only )

NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_

( Department use only )

NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_

( Department use only )

NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_

( Department use only )

NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_

( Department use only )

NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_

( Department use only )

NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_

( Department use only )

NAIC Company Code \_\_\_\_\_

Company Name \_\_\_\_\_ CDI Filing No. \_\_\_\_\_

( Department use only )

NAIC Company Code \_\_\_\_\_

# ***National American Insurance Company of California***

January 20, 2011

The Honorable Steve Poizner  
Commissioner of Insurance  
California State Department of Insurance  
45 Fremont Street  
San Francisco, CA 94105

Attn: Filings Intake

Re: National American Insurance Company of California: NAIC: 930- 23671  
Danielson National Insurance Company: NAIC: 930-19269  
Surety – Bail Bond Rule: Non- Rate Impact  
Prior Approval Submission  
Company Filing Number: CA BB 11 0 1 01

National American Insurance Company of California and Danielson National Insurance Company herein submit for review and approval, a bail bond rule showing an administrative correction overlooked in our previously approved filings; 08-1608 and 08-1743. This rule correction has been reviewed with the original reviewing rate analyst, Mike Jones, to assure acceptability.

The manual page, an explanatory memorandum, and verification of the previously approved filings are included for your review. We intend to make this correction available for use effective February 20, 2011 or upon approval.

Enclosed are two copies of this submission and an acknowledgement copy cover. If further information is required or if there are any questions, please contact me directly by phone or e-mail. Your assistance with this submission is greatly appreciated.



Patrick E. Pawlowski, CPCU, ASF

Ph. 925-355-1901, Fax: 925-355-0347, E-mail: pat@pepski.com

**DEPARTMENT OF INSURANCE**

RATE REGULATION BRANCH  
300 SOUTH SPRING STREET  
LOS ANGELES, CA 90013  
www.insurance.ca.gov



April 11, 2008

National American Insurance Company of California  
attn.: Patrick E. Pawlowski, Regulatory/Product Analyst  
25 Dogie Court  
San Ramon, CA 94583

**RE: APPROVAL OF APPLICATION**

NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA has submitted the following application for approval regarding the following line of business or program:

<b><u>CDI App. No(s):</u></b>	08-1608
<b><u>Insurer File No(s):</u></b>	CA BB 080201
<b><u>Line(s) of Insurance:</u></b>	Commercial Surety
<b><u>Program:</u></b>	Bail Bonds

Only the change(s) specifically indicated in the application set forth above, as it may have been amended, is (are) approved. Nothing in this letter shall constitute approval of any other application, whether incorporated by reference, or filed prior or subsequent to the application set forth above. NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA shall begin issuing policies pursuant to this approval within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA may implement this approval earlier if it is able to do so. Regardless of the implementation date, NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA shall implement this approval with the same effective date for both new and renewal business and shall offer this product to all eligible applicants as of the implementation date. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced lines or programs may be approved or ordered by the Insurance Commissioner.

If any portion of the application or related documentation conflicts with California law, that portion is specifically not approved. This approval does not constitute an approval of underwriting guidelines nor the specific language, coverages, terms, covenants and conditions contained in any forms, or of the forms themselves. Policy forms and underwriting guidelines included in this filing were reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance. Any subsequent changes to underwriting guidelines or coverages, terms, covenants and conditions contained in any forms must be submitted with supporting documentation when those changes result in any rating impact. The Commissioner may at any time take any action allowed by law if he determines that any underwriting guidelines, forms or procedures for application of rates, or any other portions of the application conflict with any applicable laws or regulations.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Allen".

Kenneth Allen, CPCU  
Bureau Chief, LA-3 Rate Filing Bureau  
Telephone: (213) 346-6783  
Facsimile: (213) 897-6181  
E-Mail: [Allenk@insurance.ca.gov](mailto:Allenk@insurance.ca.gov)  
Website: [www.insurance.ca.gov](http://www.insurance.ca.gov)

Corrected

**Danielson National Insurance Company**

**SURETY**

**Section 3. Court and Fiduciary Bonds**

**RISK AND RATE CLASSIFICATION**

**IV. RISK CLASSIFICATION**

**A. Judicial Proceedings –**

**1. Fixed Penalty Bonds**

**I. Bail Bonds In Civil Or Criminal Proceedings**

**State Bonds:**

All bail bonds, except as qualified below, are to be rated at 10% of the penal amount, plus a \$15.00 bond fee, subject to the minimum premium for bail bonds.

**Qualified Bonds:**

Qualified bail bonds are to be rated at 8% of the penal amount, plus a \$15.00 bond fee, subject to the minimum premium for bail bonds.

---

Eligibility Requirements for Qualified Bond Rates include any of the following and underwriting file documentation required to support:

- Unions
- Private Defense Counsel
- Active Duty Members of the United States Military Armed Forces
- Veterans of the United States Military Armed Forces
- Immediate Families of Active Duty and Veteran Members of the United States Military Armed Forces

**Minimum Premium:**

Minimum premium for all bail bonds is \$50.00, plus a \$15.00 bond fee.

Corrected

**National American Insurance Company of California**

**SURETY**

**Section 3. Court and Fiduciary Bonds  
RISK AND RATE CLASSIFICATION**

**IV. RISK CLASSIFICATION**

**A. Judicial Proceedings –**

**1. Fixed Penalty Bonds**

**1. Bail Bonds In Civil OR Criminal Proceedings**

**State Bonds:**

**All bail bonds, except as qualified below, are to be rated at 10% of the penal amount, plus a \$15.00 bond fee, subject to the minimum premium for bail bonds.**

**Qualified Bonds:**

**Qualified bail bonds are to be rated at 8% of the penal amount, plus a \$15.00 bond fee, subject to the minimum premium for bail bonds.**

**Eligibility Requirements for Qualified Bond Rates include any of the following and underwriting file documentation required to support:**

- Unions**
- Private Defense Counsel**
- Active Duty Members of the United States Military Armed Forces**
- Veterans of the United States Military Armed Forces**
- Immediate Families of Active Duty and Veteran Members of the United States Military Armed Forces**

**Minimum Premium:**

**Minimum premium for all bail bonds is \$50.00, plus a \$15.00 bond fee.**

# **Danielson National Insurance Company**

## **National Exception Page EX CF-28a**

### **SURETY**

#### **Section 3. Court & Fiduciary Bonds**

##### **Bail Bond Rate & Risk Classification Criteria**

##### **The Following Rates Will Be Charged To All Bail Bonds**

###### **State Bonds:**

All bail bonds, except as qualified in 2. below, are to be rated at 10% of the bond amount subject to the minimum premium for bail bonds.

Underwriting file documentation required as support for classification as a Qualified Bail Bond.

###### **Qualified Bail Bonds:**

Bail bonds may be qualified for preferred rating where the bond applies to any of the following:

1. individuals who have retained counsel,
2. individuals who are members of a labor union,
3. individuals who are active duty members or veterans of the U.S. Armed Services; including their immediate families.

Immediate families are defined as parents, children and spouses.

Qualified preferred rates are 8% of the bond amount, subject to the minimum premium for bail bonds.

###### **Bail Bond Minimum Premium:**

Minimum premium for all bail bonds is \$85.

# **National American Insurance Company of California**

## **National Exception Page EX CF-28a**

### **SURETY**

#### **Section 3. Court & Fiduciary Bonds**

##### **Bail Bond Rate & Risk Classification Criteria**

##### **The Following Rates Will Be Charged To All Bail Bonds**

###### **State Bonds:**

All bail bonds, except as qualified in 2. below, are to be rated at 10% of the bond amount subject to the minimum premium for bail bonds.

Underwriting file documentation required as support for classification as a Qualified Bail Bond.

###### **Qualified Bail Bonds:**

Bail bonds may be qualified for preferred rating where the bond applies to any of the following:

1. individuals who have retained counsel,
2. individuals who are members of a labor union,
3. individuals who are active duty members or veterans of the U.S. Armed Services; including their immediate families.

Immediate families are defined as parents, children and spouses.

Qualified preferred rates are 8% of the bond amount, subject to the minimum premium for bail bonds.

###### **Bail Bond Minimum Premium:**

Minimum premium for all bail bonds is \$85.

# Exhibit 23

*Danielson National Insurance Company*

***New program filing 08-1743***

*Filed: January 31, 2008*

*Effective: April 15, 2008*

*Excerpted to include cover pages and rate schedule only.*

## PRIOR APPROVAL RATE APPLICATION

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Your File #: CA BB 080201  
( 15 Characters Maximum)☐ SERFF ☐ CD (plus 1 paper copy) ☒ Paper (1 original plus 1 copy)Does this filing include a variance request?  Is this a variance request submitted after the prior approval application to which it applies?  

If yes, provide the applicable CDI File Number: \_\_\_\_\_

Does this file contain group data?  

[Note: Complete page 2 if this is a group filing]

Is this a specialty filing?  

Latest applicable CDI file number in this line, subline and/or program: \_\_\_\_\_

Company Name Danielson National Insurance CompanyNAIC Company Code 19269Group Name DHL GroupNAIC Group Code 930Organized under the Laws of the State of CaliforniaLine Code for this Line of Insurance: 24.0  Line of Insurance: SURETYSubline Bail Bonds None

Program \_\_\_\_\_

Home Office 444 West Ocean Blvd., 18th floor, Long Beach, CA 90802Name and Title of Contact Person Patrick Pawlowski, Regulatory & Product AnalystToll Free Phone No.: 925-355-1901 Fax No.: 925-355-0347Email Address pat@pepski.comMailing Address 25 Dogie Court, San Ramon, CA 94583

I declare under penalty of perjury under the laws of the State of California, that the information filed is true, complete, and correct

Patrick Pawlowski  
Authorized SignatureJanuary 30, 2008  
Date of Filing925-355-1901  
Telephone NumberImportant note: Refer to CDI website at <http://www.insurance.ca.gov/0250-insurers/0800-rate-filings/> for the most current rate template and prior approval factors.

DEPARTMENT USE ONLY	
Filing No.:	<u>08-1743</u>
SERFF No.:	<u>N/A</u>
Date Filed:	<u>1-31-08</u>
Compliance Date:	<u>FEB -7 2008</u>
Date Public Notified:	<u>FEB 15 2008</u>
Deemer Date:	<u>APR 15 2008</u>
Intake Analyst:	<u>ESOPN</u>
Bureau & Senior:	<u>LAS allu</u>
Group Filing:	<input type="button" value="No"/> <input type="button" value="Yes"/>
X-Reference No.:	_____
<input type="checkbox"/> Rate	<input checked="" type="checkbox"/> New Program <input type="checkbox"/> Rule
<input type="checkbox"/> Form	<input type="checkbox"/> Variance <u>4</u> % Change

## ***Danielson National Insurance Company***

January 29, 2008

The Honorable Steve Poizner  
Commissioner of Insurance  
California State Department of Insurance  
45 Fremont Street  
San Francisco, CA 94105

Attn: Filings Intake

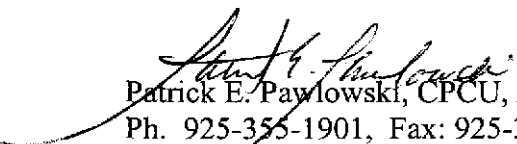
Re: Danielson National Insurance Company NAIC: 930- 19269  
Surety – Bail Bond Rate & Rule  
Prior Approval Submission  
Company Filing Number: CA BB 080201

Danielson National American Insurance Company herein submits for review and approval, bail bond rates for inclusion with our currently approved surety underwriting plan.

These rates are an adoption of current bail bond rates approved for use by Lincoln General Insurance Company, filing CDI 02-9642.

Bail bond rates are submitted for your review as a manual exception page. The manual page, an explanatory memorandum, and verification of the previously approved filing are included for your review.

Enclosed are two copies of this submission and an acknowledgement copy cover. If further information is required or if there are any questions, please contact me directly by phone or e-mail. Your assistance with this submission is greatly appreciated.



Patrick E. Pawlowski, CPCU, ASF  
Ph. 925-355-1901, Fax: 925-355-0347, E-mail: pat@pepski.com

**DEPARTMENT OF INSURANCE**

RATE REGULATION BRANCH

300 SOUTH SPRING STREET

LOS ANGELES, CA 90013

www.insurance.ca.gov



April 11, 2008

Danielson National Insurance Company  
attn.: Patrick E. Pawlowski, Regulatory/Product Analyst  
25 Dogie Court  
San Ramon, CA 94583

**RE: APPROVAL OF APPLICATION**

DANIELSON NATIONAL INSURANCE COMPANY has submitted the following application for approval regarding the following line of business or program:

<b><u>CDI App. No(s):</u></b>	08-1743
<b><u>Insurer File No(s):</u></b>	CA BB 080201
<b><u>Line(s) of Insurance:</u></b>	Commercial Surety
<b><u>Program:</u></b>	Bail Bonds

Only the change(s) specifically indicated in the application set forth above, as it may have been amended, is (are) approved. Nothing in this letter shall constitute approval of any other application, whether incorporated by reference, or filed prior or subsequent to the application set forth above DANIELSON NATIONAL INSURANCE COMPANY shall begin issuing policies pursuant to this approval within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. DANIELSON NATIONAL INSURANCE COMPANY may implement this approval earlier if it is able to do so. Regardless of the implementation date, DANIELSON NATIONAL INSURANCE COMPANY shall implement this approval with the same effective date for both new and renewal business and shall offer this product to all eligible applicants as of the implementation date. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced lines or programs may be approved or ordered by the Insurance Commissioner.

If any portion of the application or related documentation conflicts with California law, that portion is specifically not approved. This approval does not constitute an approval of underwriting guidelines nor the specific language, coverages, terms, covenants and conditions contained in any forms, or of the forms themselves. Policy forms and underwriting guidelines included in this filing were reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance. Any subsequent changes to underwriting guidelines or coverages, terms, covenants and conditions contained in any forms must be submitted with supporting documentation when those changes result in any rating impact. The Commissioner may at any time take any action allowed by law if he determines that any underwriting guidelines, forms or procedures for application of rates, or any other portions of the application conflict with any applicable laws or regulations.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Allen", is written over a horizontal line.

Kenneth Allen, CPCU  
Bureau Chief, LA-3 Rate Filing Bureau  
Telephone: (213) 346-6783  
Facsimile: (213) 897-6181  
E-Mail: [Allenk@insurance.ca.gov](mailto:Allenk@insurance.ca.gov)  
Website: [www.insurance.ca.gov](http://www.insurance.ca.gov)

# **Danielson National Insurance Company**

## **National Exception Page EX CF-28a**

### **SURETY**

#### **Section 3. Court & Fiduciary Bonds**

##### **Bail Bond Rate & Risk Classification Criteria**

##### **The Following Rates Will Be Charged To All Bail Bonds**

###### **State Bonds:**

All bail bonds, except as qualified in 2. below, are to be rated at 10% of the bond amount subject to the minimum premium for bail bonds.

Underwriting file documentation required as support for classification as a Qualified Bail Bond.

###### **Qualified Bail Bonds:**

Bail bonds may be qualified for preferred rating where the bond applies to any of the following:

1. individuals who have retained counsel,
2. individuals who are members of a labor union,
3. individuals who are active duty members or veterans of the U.S. Armed Services; including their immediate families.

Immediate families are defined as parents, children and spouses.

Qualified preferred rates are 8% of the bond amount, subject to the minimum premium for bail bonds.

###### **Bail Bond Minimum Premium:**

Minimum premium for all bail bonds is \$85.

###### **Renewal Premium:**

No renewal premiums apply.

# Exhibit 24

*Financial Casualty & Surety, Inc.*

***Form and rule revision filing 18-2776***

*Filed: May 11, 2018*

*Effective: July 11, 2018*

*Excerpted to include cover pages and rate schedule only.*

State: California Filing Company: Financial Casualty & Surety, Inc.  
 TOI/Sub-TOI: 24.0 Surety/24.0000 Surety  
 Product Name: Bail Bond Surety  
 Project Name/Number: Revision/FCS-SU-BB-CA-1801

## Filing at a Glance

Company: Financial Casualty & Surety, Inc.  
 Product Name: Bail Bond Surety  
 State: California  
 TOI: 24.0 Surety  
 Sub-TOI: 24.0000 Surety  
 Filing Type: Form/Rule  
 Date Submitted: 05/11/2018  
 SERFF Tr Num: PERR-131496843  
 SERFF Status: Closed-Approved  
 State Tr Num: 18-2776  
 State Status: Pending  
 Co Tr Num: FCS-SU-BB-CA-1801

Effective Date On Approval  
 Requested (New):  
 Effective Date On Approval  
 Requested (Renewal):  
 Author(s): Paula Rossman  
 Reviewer(s): Veronica Kaufman (primary), Ed Lin  
 Disposition Date: 07/11/2018  
 Disposition Status: Approved  
 Effective Date (New): 07/11/2018  
 Effective Date (Renewal): 07/11/2018

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<b>State:</b>	California	<b>Filing Company:</b>	Financial Casualty & Surety, Inc.
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Bail Bond Surety		
<b>Project Name/Number:</b>	Revision/FCS-SU-BB-CA-1801		

## General Information

Project Name: Revision	Status of Filing in Domicile:
Project Number: FCS-SU-BB-CA-1801	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 07/11/2018	
State Status Changed: 05/31/2018	Deemer Date: 07/24/2018
Created By: Saraiah Coles	Submitted By: Paula Rossman
Corresponding Filing Tracking Number:	

### Filing Description:

On behalf of Financial Casualty & Surety, Inc ("FCS"), we are submitting this revision to the Company's current bail bond program to add immigration bonds. Our proposed rates are the same as Bankers Insurance Company (CDI#: 13-0109). See attached updated manual page and redlined version. In addition, our independent immigration bail bond forms are attached to this submission for your review.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

## Company and Contact

### Filing Contact Information

Saraiah Coles , State Filings Analyst	scoles@perrknight.com
401 Wilshire Blvd Suite 300	888-201-5123 [Phone] 0993 [Ext]
Santa Monica, CA 90401	310-230-1061 [FAX]

### Filing Company Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Financial Casualty & Surety, Inc.	CoCode: 35009	State of Domicile: Texas
3131 Eastside, Suite 600	Group Code:	Company Type:
Houston, TX 77098	Group Name: n/a	State ID Number:
(877) 737-2245 ext. [Phone]	FEIN Number: 75-2304982	

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## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

## State Specific

Variance Requested? (Yes/No): No

FINANCIAL CASUALTY & SURETY, INC.  
BAIL BOND SURETY RATES  
STATE OF CALIFORNIA

Rates:

10% of penal amount;

In accordance with California Proposition 103, the Bail Agent may offer rate rebates; and

There is a \$50 Minimum for any bond regardless of penal amount.

Premium Determination: To calculate the amount of premium to be charged, take the percentage rate from above and multiply it by the face amount of the bond. If the resulting amount is less than the minimum charge, then the minimum charge shall apply.

**Note: Premium is fully earned at the time the bond is issued.**

Return Premiums: There is no return premium if bond amount is decreased or the bond is exonerated. If a defendant is returned to early custody at the initiation of the Bail Agent, any return premium established by the Court will be refunded.

Increased Exposure: If the bond amount is increased by the Court, an additional premium is charged provided that the Bail Agent agrees to rewrite the bond. The additional premium is calculated by multiplying the additional exposure by the Percentage Rate from above.

Renewal Premium: Premium charged is an annual premium and renewal premium shall be charged each anniversary date. Any bail bond that has not been exonerated by the court one year from the date of issuance shall be charged an additional premium equal to the original premium amount.

Immigration Bonds

Bonds will be charged \$100 execution fee plus up to 15% of the penal amount of the bond, subject to a \$100 minimum premium.

Those bonds with full cash collateral, regardless of the penal amount of the bond, will be charged the smaller of the above calculated premium or \$295.

# Exhibit 25

*Financial Casualty & Surety, Inc.*

***Rate filing 14-7527***

*Filed: October 8, 2014*

*Excerpted to include cover pages and rate schedule only.*

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<b>State:</b>	California	<b>Filing Company:</b>	Financial Casualty & Surety, Inc.
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Prior Approval Rate Change		
<b>Project Name/Number:</b>	CA Rate Change Filing/		

## Filing at a Glance

Company:	Financial Casualty & Surety, Inc.
Product Name:	Prior Approval Rate Change
State:	California
TOI:	24.0 Surety
Sub-TOI:	24.0000 Surety
Filing Type:	Rate
Date Submitted:	10/08/2014
SERFF Tr Num:	FNCS-129756964
SERFF Status:	Closed-Rejected at Intake
State Tr Num:	14-7527
State Status:	Rejected at Intake
Co Tr Num:	FCS 23456
Effective Date	On Approval
Requested (New):	
Effective Date	On Approval
Requested (Renewal):	
Author(s):	Shelly Matheson
Reviewer(s):	Jesse Rivera (primary)
Disposition Date:	11/07/2014
Disposition Status:	Rejected at Intake
Effective Date (New):	
Effective Date (Renewal):	

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<b>State:</b>	California	<b>Filing Company:</b>	Financial Casualty & Surety, Inc.
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Prior Approval Rate Change		
<b>Project Name/Number:</b>	CA Rate Change Filing/		

## General Information

Project Name: CA Rate Change Filing	Status of Filing in Domicile: Authorized
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/07/2014	
State Status Changed: 10/22/2014	Deemer Date:
Created By: Shelly Matheson	Submitted By: Shelly Matheson
Corresponding Filing Tracking Number:	

Filing Description:

Prior Rate Approval Application

## Company and Contact

### Filing Contact Information

Shelly Matheson, Paralegal	smatheson@fcsurety.com
3131 Eastside #250	713-351-8859 [Phone]
Houston, TX 77098	713-351-8401 [FAX]

### Filing Company Information

Financial Casualty & Surety, Inc.	CoCode: 35009	State of Domicile: Texas
3131 Eastside #600	Group Code:	Company Type: insurance
Houston, TX 77098	Group Name:	State ID Number:
(713) 351-8859 ext. [Phone]	FEIN Number: 75-2304982	

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## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

## State Specific

Variance Requested? (Yes/No): No

<b>State:</b>	California	<b>Filing Company:</b>	Financial Casualty & Surety, Inc.
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Prior Approval Rate Change		
<b>Project Name/Number:</b>	CA Rate Change Filing/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Rejected at Intake	Jesse Rivera	11/07/2014	11/07/2014

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Rejected at Intake	Jesse Rivera	10/22/2014	10/22/2014
Pending company response	Jesse Rivera	10/10/2014	10/10/2014

#### Response Letters

Responded By	Created On	Date Submitted
Shelly Matheson	11/05/2014	11/05/2014

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Response	Note To Reviewer	Shelly Matheson	10/16/2014	10/16/2014

<b>SERFF Tracking #:</b>	FNCS-129756964	<b>State Tracking #:</b>	14-7527	<b>Company Tracking #:</b>	FCS 23456
<hr/>					
<b>State:</b>	California	<b>Filing Company:</b>	Financial Casualty & Surety, Inc.		
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety				
<b>Product Name:</b>	Prior Approval Rate Change				
<b>Project Name/Number:</b>	CA Rate Change Filing/				

## Disposition

Disposition Date: 11/07/2014

Effective Date (New):

Effective Date (Renewal):

Status: Rejected at Intake

Comment: This filing was received by the Rate Filing Bureau on October 8, 2014. However, we have been unable to process your submission because it is incomplete and/or contains incorrect information. Therefore, as of the date of this notice, this application is rejected for incompleteness.

The application is rejected for the following reason(s):

- 1) The countrywide direct earned premium for lines of business subject to Proposition 103 and executive compensation data were not provided.
- 2) There is application in excel format. Should be submitted in both Excel and Adobe formats.
- 3) The company-specific rolling calendar year data of the most recent 8, 12, 16, 20 and 24 points/quarters were not provided on exhibits 5 and 8.

Be advised that you may file a new separate application. You may contact Jerome Tu, Sr. Insurance Rate Analyst, at 213-346-6377 on what type of filing should be used.

If you wish to contest the determination that the application is incomplete, you must request a Rejection Hearing. Your request must be received by the Department of Insurance within ten (10) days of the rejection date. The request for hearing, and four copies, should be directed to the Department of Insurance as follows:

Ms. Elizabeth Mohr, Assistant Chief Counsel  
Rate Enforcement Bureau  
California Department of Insurance  
45 Fremont Street, 21st Floor  
San Francisco, CA 94105

The scope of Hearing is limited to the completeness of the application as filed with the Department.

Please refer to the California Code of Regulations, Title 10, Chapter 5, Subchapter 4.8, Article 8, Sections 2648.1 – 2648.4 for the specific procedures regarding the completeness determination hearing.

<b>Overall %</b>	<b>Overall %</b>	<b>Written Premium</b>	<b>Number of Policy</b>	<b>Written</b>	<b>Maximum %</b>	<b>Minimum %</b>
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<b>State:</b>	California	<b>Filing Company:</b>	Financial Casualty & Surety, Inc.
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Prior Approval Rate Change		
<b>Project Name/Number:</b>	CA Rate Change Filing/		

Company Name:	Indicated Change:	Rate Impact:	Change for this Program:	Holders Affected for this Program:	Premium for this Program:	Change (where req'd):	Change (where req'd):
Financial Casualty & Surety, Inc.	%	%				%	%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Prior Approval Rate Application		Yes
Rate (revised)	Rate Change (Revisions)		Yes
Rate	Rate Change		Yes

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<b>State:</b>	California	<b>Filing Company:</b>	Financial Casualty & Surety, Inc.
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Prior Approval Rate Change		
<b>Project Name/Number:</b>	CA Rate Change Filing/		

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## Objection Letter

Objection Letter Status	Rejected at Intake
Objection Letter Date	10/22/2014
Submitted Date	10/22/2014
Respond By Date	11/07/2014

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Dear Shelly Matheson,

### **Introduction:**

*This filing was received by the Rate Filing Bureau on October 8, 2014. However, we have been unable to process your submission because it is incomplete and/or contains incorrect information. Therefore, as of the date of this notice, this application is rejected for incompleteness.*

*In order to continue our review of your submission for basic compliance, it will be necessary for you to provide the following documents and/or information:*

- 1) Complete pages 4 and 13.*
- 2) Provide the Proposed Effective Date (new rates) on page 7.*
- 3) Provide all the data on page 9. If none, enter 0.*
- 4) Provide your calculations/support of factors on the exhibits.*

*The Intake Unit at the San Francisco Rate Filing Bureau must receive this information before November 7, 2014.*

*If the Intake Unit at the San Francisco Rate Filing Bureau does not receive this information before November 7, 2014, the filing will remain rejected and will be closed. If you chose to resubmit the filing at a later date, you will be required to resubmit the filing in its entirety.*

*If you wish to contest the determination that the application is incomplete, you must request a Rejection Hearing. Your request must be received by the Department of Insurance within ten (10) days of the rejection date. The request for hearing, and four copies, should be directed to the Department of Insurance as follows:*

*Ms. Elizabeth Mohr, Assistant Chief Counsel  
Rate Enforcement Bureau  
California Department of Insurance  
45 Fremont Street, 21st Floor  
San Francisco, CA 94105*

*The scope of Hearing is limited to the completeness of the application as filed with the Department.*

*Please refer to the California Code of Regulations, Title 10, Chapter 5, Subchapter 4.8, Article 8, Sections 2648.1 – 2648.4 for the specific procedures regarding the completeness determination hearing.*

### **Conclusion:**

*Sincerely,  
Jesse Rivera*

---

<b>State:</b>	California	<b>Filing Company:</b>	Financial Casualty & Surety, Inc.
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Prior Approval Rate Change		
<b>Project Name/Number:</b>	CA Rate Change Filing/		

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## Objection Letter

Objection Letter Status	Pending company response
Objection Letter Date	10/10/2014
Submitted Date	10/10/2014
Respond By Date	

---

Dear Shelly Matheson,

### **Introduction:**

Thank you for your application. However, to meet basic compliance for this filing, please respond to the objection(s) below.

### **Objection 1**

- Prior Approval Rate Application (Supporting Document)

Comments: 1) Complete pages 4 and 13.

2) Provide the Proposed Effective Date (new rates) on page 7.

3) Provide all the data on page 9. If none, enter 0.

4) Provide your calculations/support of factors on the exhibits.

### **Conclusion:**

Sincerely,  
Jesse Rivera

<b>State:</b>	California	<b>Filing Company:</b>	Financial Casualty & Surety, Inc.
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Prior Approval Rate Change		
<b>Project Name/Number:</b>	CA Rate Change Filing/		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/05/2014
Submitted Date	11/05/2014

Dear Jesse Rivera,

### Introduction:

### Response 1

#### Comments:

Thank you for your time. The delay in response was not due to indifference, but was a result of business travel scheduling conflicts. Please let us know if you need anything else.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate Schedule Item Changes					
Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	Rate Change (Revisions)		Replacement		11/05/2014 By: Shelly Matheson
<i>Previous Version</i>					
1	Rate Change		Replacement		10/08/2014 By: Shelly Matheson

### Conclusion:

Sincerely,  
Shelly Matheson

<b>State:</b>	California	<b>Filing Company:</b>	Financial Casualty & Surety, Inc.
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Prior Approval Rate Change		
<b>Project Name/Number:</b>	CA Rate Change Filing/		

## Note To Reviewer

**Created By:**

Shelly Matheson on 10/16/2014 12:36 PM

**Last Edited By:**

Shelly Matheson

**Submitted On:**

10/16/2014 12:36 PM

**Subject:**

Response

**Comments:**

Good afternoon Mr. Rivera,

"I am in receipt of your response. I will pass on the information to the appropriate parties so they may be addressed. Thank you sir, and have a great day.

Shelly Matheson

<b>SERFF Tracking #:</b>	FNCS-129756964	<b>State Tracking #:</b>	14-7527	<b>Company Tracking #:</b>	FCS 23456
<b>State:</b>	California	<b>Filing Company:</b>	Financial Casualty & Surety, Inc.		
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety				
<b>Product Name:</b>	Prior Approval Rate Change				
<b>Project Name/Number:</b>	CA Rate Change Filing/				

## Rate Information

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:**

Neutral

**Overall Percentage of Last Rate Revision:**

%

**Effective Date of Last Rate Revision:**

**Filing Method of Last Filing:**

**SERFF Tracking Number of Last Filing:**

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b>Number of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where req'd):</b>	<b>Minimum % Change (where req'd):</b>
Financial Casualty & Surety, Inc.	%	%				%	%

<b>State:</b>	California	<b>Filing Company:</b>	Financial Casualty & Surety, Inc.
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Prior Approval Rate Change		
<b>Project Name/Number:</b>	CA Rate Change Filing/		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Rate Change (Revisions)		Replacement		CA Rates (Revised) -Part 1.pdf CA Rates (Revised) -Part 2.pdf

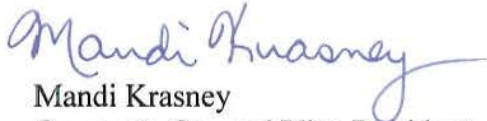
RE: Financial Casualty & Surety, Inc. --- NAIC # 35009

**FILING MEMORANDUM**

**The purpose of this filing is to clarify the Company's position that rate rebates may be offered in accordance with California Proposition 103, and are not meant to be further limited by the Company's filed rates.**

The proposed changes are enclosed with this filing memorandum. We respectfully trust you will find this submission acceptable. Please feel free to contact me if I may be of further service.

Sincerely,



Mandi Krasney  
Corporate Counsel/Vice President  
Financial Casualty & Surety, Inc.  
713-351-8264 (direct)  
281-351-8401 (facsimile)  
[mkrasney@fcsurety.com](mailto:mkrasney@fcsurety.com)

Enclosure:

FINANCIAL CASUALTY & SURETY, INC.  
BAIL BOND SURETY RATES  
STATE OF CALIFORNIA

**Rates:**

10% of penal amount;

In accordance with California Proposition 103, the Bail Agent may offer rate rebates; and

There is a \$50 Minimum for any bond regardless of penal amount.

**Premium Determination:** To calculate the amount of premium to be charged, take the percentage rate from above and multiply it by the face amount of the bond. If the resulting amount is less than the minimum charge, then the minimum charge shall apply.

**Note: Premium is fully earned at the time the bond is issued.**

**Return Premiums:** There is no return premium if bond amount is decreased or the bond is exonerated. If a defendant is returned to early custody at the initiation of the Bail Agent, any return premium established by the Court will be refunded.

**Increased Exposure:** If the bond amount is increased by the Court, an additional premium is charged provided that the Bail Agent agrees to rewrite the bond. The additional premium is calculated by multiplying the additional exposure by the Percentage Rate from above.

**Renewal Premium:** Premium charged is an annual premium and renewal premium shall be charged each anniversary date. Any bail bond that has not been exonerated by the court one year from the date of issuance shall be charged an additional premium equal to the original premium amount.

# Exhibit 26

*Financial Casualty & Surety, Inc.*

***New program filing 04-8381***

*Filed: November 17, 2004*

*Effective: February 1, 2005*

*Excerpted to include cover pages and rate schedule only.*

**DEPARTMENT OF INSURANCE**

RATE REGULATION BRANCH

300 SOUTH SPRING STREET

LOS ANGELES, CA 90013

www.insurance.ca.gov

**SFV**

January 25, 2005

Financial Casualty &amp; Surety, Inc.

attn.: Robert Sabo

3131 Eastside St. #600

Houston, TX 77098

**RE: APPROVAL OF APPLICATION**

FINANCIAL CASUALTY & SURETY, INC. has submitted the following application for approval regarding the following line of business or program:

**CDI App. No(s):** 04-8381  
**Insurer File No(s):** CA-11-04-BAIL  
**Line(s) of Insurance:** Commercial Surety  
**Program:** Bail Bond Surety

Only the change(s) specifically indicated in the application set forth above, as it may have been amended, is (are) approved. Nothing in this letter shall constitute approval of any other application, whether incorporated by reference, or filed prior or subsequent to the application set forth above. FINANCIAL CASUALTY & SURETY, INC. shall begin issuing policies pursuant to this approval within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. FINANCIAL CASUALTY & SURETY, INC. may implement this approval earlier if it is able to do so. Regardless of the implementation date, FINANCIAL CASUALTY & SURETY, INC. shall implement this approval with the same effective date for both new and renewal business and shall offer this product to all eligible applicants as of the implementation date. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced lines or programs may be approved or ordered by the Insurance Commissioner.

If any portion of the application or related documentation conflicts with California law, that portion is specifically not approved. This approval does not constitute an approval of underwriting guidelines nor the specific language, coverages, terms, covenants and conditions contained in any forms, or of the forms themselves. Policy forms and underwriting guidelines included in this filing were reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance. Any subsequent changes to underwriting guidelines or coverages, terms, covenants and conditions contained in any forms must be submitted with supporting documentation when those changes result in any rating impact. The Commissioner may at any time take any action allowed by law if he determines that any underwriting guidelines, forms or procedures for application of rates, or any other portions of the application conflict with any applicable laws or regulations.

Sincerely,

Douglas G. Barker, J.D.

Bureau Chief, LA-3 Rate Filing Bureau

Telephone: (213) 346-6786

Facsimile: (213) 897-6181

E-Mail: [BarkerD@insurance.ca.gov](mailto:BarkerD@insurance.ca.gov)

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)APPLICATION FOR APPROVAL OF  
INSURANCE RATESYour file #: CA-11-04-BAIL  
(15 characters maximum)☒ Original ☐ Copy 1 ☐ Copy 2Does this file contain group data? Yes ☐ No ☒Is this a specialty filing? Yes ☐ No ☐Note: A separate CA-RA1 page must be  
Submitted for each company within a  
Group filing.Latest applicable CDI File No. in this  
Line, Subline and/or Program:

## Department Use Only

FILING NO.: 04-838SFVDATE FILED: 11-17-04COMPLIANCE DATE: 11-24-04DATE PUBLIC NOTIFIED: 12-3-04DEEMER DATE: 2-1-05INTAKE ANALYST: Rivera J.BUREAU CODE & SR.: CA3-Allen K.GROUP FILING: Yes ☒ No ☐

X-REFERENCE #:

Rate ☒ New Program ☐ Rule Form  
Both Rate & Form ☐ Class PlanPERCENT CHANGE: 0Company Name FINANCIAL CASUALTY & SURETY, INC. Group Name NONENAIC Company Code 35009 NAIC Group Code 3319Organized Under the Laws of the State of TEXASLine of Insurance Comm SURETY Subline NONE Other  
(as it appears in CA-RA3) (as it appears in CA-RA3)Program BAIL BOND SURETYHome Office 3131 EASTSIDE STREET, #600, HOUSTON, TX 77098Main Administrative Office in California NONEName and Title of Contact Person ROBERT SABO, SR.V.P.Toll Free Phone No.: (877) 737-2245 Fax No.: (713) 580-6401  
If not available, collect calls will be made.Internet Address (if available): WWW.FCSURETY.COMMailing Address 3131 EASTSIDE STREET, #600, HOUSTON, TX 77098I declare under penalty of perjury, under the laws of the State of California, that the  
information filed is true, complete, and correct.Authorized Signature [Signature]Date of Filing 11-1-04Telephone Number 877-737-2245 X 410

# Sonnenschein

SONNENSCHN NATH & ROSENTHAL LLP

Theresa M. Fitzgerald  
415.882.5045  
tfitzgerald@sonnenschein.com

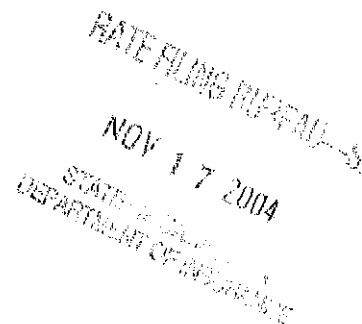
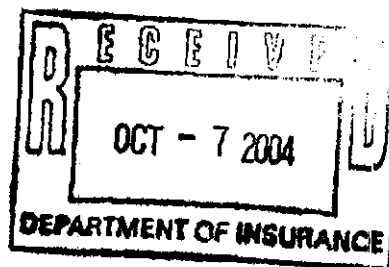
685 Market Street  
6th Floor  
San Francisco, CA 94105  
415.882.5000  
415.543.5472 fax  
www.sonnenschein.com

Chicago  
Kansas City  
Los Angeles  
New York  
San Francisco  
Short Hills, N.J.  
St. Louis  
Washington, D.C.  
West Palm Beach

October 6, 2004

BY HAND DELIVERY

Ms. Victoria S. Sidbury  
Assistant General Counsel  
California Department of Insurance  
45 Fremont Street, 24th Floor  
San Francisco, California 94105



Re: Financial Casualty & Surety, Inc. - Application for Certificate of Authority

Dear Ms. Sidbury:

On behalf of Financial Casualty & Surety, Inc., ("Applicant"), enclosed are an original and a copy of an application for certificate of authority on the NAIC Uniform Certificate of Authority Application form, along with a check in the amount of \$3,599 in payment of the filing fee and an additional copy of the organizational affidavit, the biographical affidavits, and the rate filing. Also enclosed is a cover letter from the Applicant with additional information regarding the application.

Please contact me directly if you have any questions or comments or need any additional information. Thank you for your assistance.

Sincerely,

*Theresa M. Fitzgerald*  
Theresa M. Fitzgerald

Enclosures

cc: Robert Sabo  
Kenneth B. Schnoll

**FINANCIAL CASUALTY & SURETY, INC.  
BAIL BOND SURETY RATES  
STATE OF CALIFORNIA**

**PERCENTAGE RATE**

**MINIMUM CHARGE**

**Rate --**

\$50.00 Minimum for any bond regardless of penal amount.

8% of penal amount – for any defendant referred by an attorney to the bail agent and for any defendant that is a member of any Union.

10% of penal amount – for all other bail bonds

**PREMIUM DETERMINATION:** To calculate the amount of premium to be charged; take the percentage rate from above and multiply it by the face amount of the bail bond. If the resulting amount is less than the minimum charge then the minimum charge shall apply.

Note: Premium is fully earned at the time the bond is issued.

**RETURN PREMIUM:** There is no return premium if the bond amount is decreased or the bond is exonerated. If the defendant is returned to early custody, at the initiation of the Bail Bond Agent, any return premium established by the Court will be refunded.

**INCREASED EXPOSURE:** If the bond amount is increased by the Court, an additional premium is charged, provided that the Bail Agent agrees to rewrite the bond. The additional premium is calculated by multiplying the incremental increased in the amount of the bond by the Percentage Rate from above.

**RENEWAL PREMIUM:** Premium charged is an annual premium and renewal premium shall be charged each anniversary date. Any bail bond that has not been exonerated by the court one year from the date of issuance shall be charged an additional premium equal to the original premium amount.

# Exhibit 27

*Indiana Lumbersmens Mutual Insurance Company*  
***New program filing 05-6589***  
*Filed: August 24, 2005*  
*Effective: November 1, 2005*  
*Excerpted to include cover pages and rate schedule only.*

**DEPARTMENT OF INSURANCE**

RATE REGULATION BRANCH

300 SOUTH SPRING STREET

LOS ANGELES, CA 90013

www.insurance.ca.gov

**LAV**

October 20, 2005

Indiana Lumbermens Mutual Insurance Company  
c/o Aguilar & Sebastinelli, A Professional Law Corporation  
attn.: John A. Sebastinelli, Esq.  
1700 California St., Suite 400  
San Francisco, CA 94109

**RE: APPROVAL OF APPLICATION**

INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY has submitted the following application for approval regarding the following line of business or program:

<b><u>CDI App. No(s):</u></b>	05-6589
<b><u>Insurer File No(s):</u></b>	7275
<b><u>Line(s) of Insurance:</u></b>	Commercial Surety
<b><u>Program:</u></b>	Bail Bonds

Only the change(s) specifically indicated in the application set forth above, as it may have been amended, is (are) approved. Nothing in this letter shall constitute approval of any other application, whether incorporated by reference, or filed prior or subsequent to the application set forth above. INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY shall begin issuing policies pursuant to this approval within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY may implement this approval earlier if it is able to do so. Regardless of the implementation date, INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY shall implement this approval with the same effective date for both new and renewal business and shall offer this product to all eligible applicants as of the implementation date. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced lines or programs may be approved or ordered by the Insurance Commissioner.

If any portion of the application or related documentation conflicts with California law, that portion is specifically not approved. This approval does not constitute an approval of underwriting guidelines nor the specific language, coverages, terms, covenants and conditions contained in any forms, or of the forms themselves. Policy forms and underwriting guidelines included in this filing were reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance. Any subsequent changes to underwriting guidelines or coverages, terms, covenants and conditions contained in any forms must be submitted with supporting documentation when those changes result in any rating impact. The Commissioner may at any time take any action allowed by law if he determines that any underwriting guidelines, forms or procedures for application of rates, or any other portions of the application conflict with any applicable laws or regulations.

Sincerely,

Douglas G. Barker, J.D.  
Bureau Chief, LA-3 Rate Filing Bureau  
Telephone: (213) 346-6786  
Facsimile: (213) 897-6181  
E-Mail: [BarkerD@insurance.ca.gov](mailto:BarkerD@insurance.ca.gov)

**FILE SCANNED**  
**DATE:** 8-18-07  
**INITIALS:** JS

# AGUILAR & SEBASTINELLI

A PROFESSIONAL LAW CORPORATION

## SAN FRANCISCO OFFICE

1700 CALIFORNIA STREET  
SUITE 400

SAN FRANCISCO, CALIFORNIA 94109-4586

TELEPHONE: (415) 771-9400 FACSIMILE: (415) 771-2700

AguilarSebastinelli@agsebcom

John A. Sebastinelli

## LOS ANGELES OFFICE

THE PACIFIC CENTER

523 WEST SIXTH STREET, SUITE 309

LOS ANGELES, CALIFORNIA 90014-1217

TELEPHONE: (213) 955-5900 FACSIMILE: (213) 955-5907

REPLY TO:

San Francisco

August 23, 2005

California Department of Insurance  
Rate Filing Bureau  
45 Fremont Street, 23<sup>rd</sup> Floor  
San Francisco, California 94105

RATE FILING BUREAU-SF  
AUG 24 2005  
STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

RE: Indiana Lumbers Mutual Insurance Company  
Commercial Surety - Bail Bonds  
Rate and Form Application  
Our File No.: 7275.150

Dear Sir/Madam:

On behalf of Indiana Lumbers Mutual Insurance Company ("ILM"),  
we enclose herewith:

- An original and two copies of a Commercial Surety Rate and Form Application for review and approval;
- Authorization letter from ILM; and
- For acknowledgment purposes, a copy of CA-RA-1 and a self-addressed, stamped envelope for your use.

Thank you for your attention to this matter. If you should have any questions or comments, please direct the same to the undersigned.

Sincerely,



John A. Sebastinelli

JAS:cs

Encs.

**INDIANA LUMBERMENS  
MUTUAL INSURANCE COMPANY**

P.O. Box 68932, Indianapolis, Indiana 46268

**Rates For Bonds**

All Bonds will be charged for at the rate of 10% of the penal amount of the bond per annum, with a minimum of \$50.00 or 10% of the face amount of the bond, whichever is greater, plus a policy fee of \$15.00 per bond.

**PENAL AMOUNT**

**PREMIUM**

**STATE BONDS**

\$ 1.00 Through \$500.00

\$50.00 Plus  
\$15.00 per bond

Over \$500.00... 10% of the penal amount of the bond per annum, plus \$15.00 per bond. These rates **SHALL** be charged by all agents of Indiana Lumbermens Mutual Insurance Company. These rates are for **PREMIUM ONLY**, and do not include other expenses incurred, such as telephone, posting fees, writs, travel and other miscellaneous expenses.

**FEDERAL BONDS**

Over \$500

12% of Penal Amount  
per Annum, plus  
\$15.00 per bond

All agents: Please post the above schedule in a conspicuous place where it can be seen by the public.

LAV

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)

APPLICATION FOR APPROVAL OF  
INSURANCE RATES

Your file #: 7275  
(15 characters maximum)

x Original x Copy 1 x Copy 2

Does this file contain group data? Yes ☐ No ☒

Is this a specialty filing? Yes ☒ No ☐

Note: A separate CA-RA1 page must be  
Submitted for each company within a  
Group filing.

Latest applicable CDI File No. in this  
Line, Subline and/or Program:

n/a

Department Use Only	
FILING NO.:	<u>05-6589</u>
DATE FILED:	<u>8-24-05</u>
COMPLIANCE DATE:	<u>8-29-05</u>
DATE PUBLIC NOTIFIED:	<u>9-2-05</u>
DEEMER DATE:	<u>11-1-05</u>
INTAKE ANALYST:	<u>Rivera J.</u>
BUREAU CODE & SR.:	<u>LA3-Allen Z.</u>
GROUP FILING:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
X-REFERENCE #:	
Rate	<u>New Program</u> Rule Form
Both Rate & Form	Class Plan
PERCENT CHANGE:	<u>0</u> %

Company Name Indiana Lumbermens Mutual Insurance Group Name  
Company

NAIC Company Code 14265 NAIC Group Code 0246

Organized Under the Laws of the State of Indiana

Line of Insurance Commercial Surety Subline Other  
(as it appears in CA-RA3) (as it appears in CA-RA3)

Program Bail Bonds

Home Office 3600 Woodview Trace, Indianapolis, Indiana 46268

Main Administrative Office in California n/a

Name and Title of Contact Person John A. Sebastinelli, Esq.

Toll Free Phone No.: (415) 771-9400 Fax No.: (415) 771-2700  
If not available, collect calls will be made.

Internet Address (if available): johnsebastinelli@agseb.com

Mailing Address 1700 California Street, Suite 400, San Francisco, California 94109

I declare under penalty of perjury, under the laws of the State of California, that the  
information filed is true, complete, and correct.

John A. Sebastinelli  
Authorized Signature

August 4, 2005 415.771.9400  
Date of Filing Telephone Number

# Exhibit 28

*International Fidelity Insurance Company*

***Rule revision filings 17-4681; 17-6595***

*Filed: July 10, 2017*

*Effective: September 1, 2017*

*Excerpted to include cover pages and rate schedule only.*

---

<b>State:</b>	California	<b>Filing Company:</b>	International Fidelity Insurance Company
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Bail Bond Program		
<b>Project Name/Number:</b>	Rate and Rule Revision/IFIC-SU-BB-CA-1701R		

## Filing at a Glance

Company:	International Fidelity Insurance Company
Product Name:	Bail Bond Program
State:	California
TOI:	24.0 Surety
Sub-TOI:	24.0000 Surety
Filing Type:	Rate/Rule
Date Submitted:	07/10/2017
SERFF Tr Num:	PERR-131106946
SERFF Status:	Closed-Approved
State Tr Num:	17-4681; 17-6595
State Status:	Approved
Co Tr Num:	IFIC-SU-BB-CA-1701R
Effective Date	09/01/2017
Requested (New):	
Effective Date	09/01/2017
Requested (Renewal):	
Author(s):	Paula Rossman
Reviewer(s):	Janet Cheng (primary), Ed Lin
Disposition Date:	01/23/2018
Disposition Status:	Approved
Effective Date (New):	04/01/2018
Effective Date (Renewal):	04/01/2018

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** Bail Bond Program  
**Project Name/Number:** Rate and Rule Revision/IFIC-SU-BB-CA-1701R

**Filing Company:** International Fidelity Insurance Company

## General Information

Project Name: Rate and Rule Revision  
Project Number: IFIC-SU-BB-CA-1701R  
Reference Organization:  
Reference Title:  
Filing Status Changed: 01/23/2018  
State Status Changed: 01/12/2018  
Created By: Kevin Jones  
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed  
Domicile Status Comments:  
Reference Number:  
Advisory Org. Circular:  
  
Deemer Date: 09/19/2017  
Submitted By: Kevin Jones

### Filing Description:

International Fidelity Insurance Company ("the Company") is filing a revision of its Bail Bond program filed under the Surety line of business. The Company is reducing its Standard bail bond rates from 10% to 9%, and introducing two Preferred tiers with 8% and 7% rates. The 8% tier is for customers who are either Qualified Union Members, Active or Former Military, Law Enforcement, have retained Private Council, have posted Full Payment, or have posted Cash Collateral of at least 50% or deed of trust on real property with equity of at least 100% of bond amount. The 7% tier is for customers who have at least two of the following satisfied: Private Counsel, Full Payment, or Collateral. The Standard estimated rate decrease of 10% is supported by the accompanying California Prior Approval Rate Application and Template. The Preferred tiers are identical to those approved in California for the Company's competitor, Bankers Insurance Company (SERFF # BKIC-129219149 and CDI tracking number 13-7036).

Please refer to the Memorandum for complete details.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

## Company and Contact

### Filing Contact Information

Kevin Jones, State Filing Analyst  
401 Wilshire Blvd Suite 300  
Santa Monica, CA 90401

kjones@perrknight.com  
310-889-0968 [Phone]  
310-230-1061 [FAX]

### Filing Company Information

(This filing was made by a third party - perrandknightactuaryconsultants)

International Fidelity Insurance Company	CoCode: 11592	State of Domicile: New Jersey
One Newark Center, 20th Floor	Group Code:	Company Type: Property & Casualty
Newark, NJ 07102	Group Name:	State ID Number:
(973) 624-7200 ext. [Phone]	FEIN Number: 22-1010450	

## Filing Fees

Fee Required? No  
Retaliatory? No

**SERFF Tracking #:** PERR-131106946

**State Tracking #:** 17-4681; 17-6595

**Company Tracking #:** IFIC-SU-BB-CA-1701R

**State:** California

**Filing Company:** International Fidelity Insurance Company

**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety

**Product Name:** Bail Bond Program

**Project Name/Number:** Rate and Rule Revision/IFIC-SU-BB-CA-1701R

Fee Explanation:

## State Specific

Variance Requested? (Yes/No): No



ALLEGHENY CASUALTY COMPANY  
INTERNATIONAL FIDELITY INSURANCE COMPANY

**INTERNATIONAL FIDELITY INSURANCE COMPANY**

NAIC# 13285

---

SCHEDULE OF PREMIUMS AND FEES  
FOR  
BAIL BONDS WRITTEN IN THE STATE OF CALIFORNIA

---

Item 1. **STATE BAIL BONDS - GENERAL**

The premium charged shall be 9% of the penal amount, with a minimum premium of \$50.00

Item 2. **STATE BAIL BONDS - 8% PREFERRED RATE**

The premium charged shall be 8% of the penal amount, with a minimum premium of \$50.00 if any one of the following is satisfied:

Qualified Union Members. Defendant or an indemnitor is an active union member; or

Active or Former Military. Defendant or an indemnitor is an active duty member or veteran of the United States Armed Forces; or

Law Enforcement. Defendant or an indemnitor is an active duty or retired law enforcement officer; or

Private Counsel. Private defense counsel is retained for the defendant prior to the bond being posted; or

Full Payment of Bail Bond Premium. The full premium is paid before the bond is posted; or

Collateral. Cash Collateral of at least 50% of the penal amount of the bond, or deed(s) of trust on real property with equity of at least 100% of the penal amount of the bond, is provided before the bond is posted.

**Item 3.        STATE BAIL BONDS- 7% PREFERRED RATE**

The premium charged shall be 7% of the penal amount, with a minimum premium of \$50.00, if at least two of the following are satisfied:

Private Counsel. Private defense counsel is retained for the defendant prior to of the bond being posted; or

Full Payment of Bail Bond Premium. The full premium is paid before the bond is posted; or

Collateral. Cash Collateral of at least 50% of the penal amount of the bond, or deed(s) of trust on real property with equity of at least 100% of the penal amount of the bond, is provided before the bond is posted.

**Item 4.        FEDERAL BAIL BONDS**

The premium charged shall be 12% of the penal amount, with a minimum premium of \$50.00

**Item 5.        FEDERAL IMMIGRATION BONDS**

The premium charged shall be 12% of the penal amount, with a minimum premium of \$50.00

These rates must be charged by all International Fidelity Insurance Company bail producers.

**Effective Date:** \_\_\_\_\_

RATE EFFECTIVE 9/1/2017



ALLEGHENY CASUALTY COMPANY  
INTERNATIONAL FIDELITY INSURANCE COMPANY

**ALLEGHENY CASUALTY COMPANY**

NAIC# 13285

---

SCHEDULE OF PREMIUMS AND FEES  
FOR  
BAIL BONDS WRITTEN IN THE STATE OF CALIFORNIA

---

Item 1. **STATE BAIL BONDS - GENERAL**

The premium charged shall be 9% of the penal amount, with a minimum premium of \$50.00

Item 2. **STATE BAIL BONDS - 8% PREFERRED RATE**

The premium charged shall be 8% of the penal amount, with a minimum premium of \$50.00 if any one of the following is satisfied:

Qualified Union Members. Defendant or an indemnitor is an active union member; or

Active or Former Military. Defendant or an indemnitor is an active duty member or veteran of the United States Armed Forces; or

Law Enforcement. Defendant or an indemnitor is an active duty or retired law enforcement officer; or

Private Counsel. Private defense counsel is retained for the defendant prior to the bond being posted; or

Full Payment of Bail Bond Premium. The full premium is paid before the bond is posted; or

Collateral. Cash Collateral of at least 50% of the penal amount of the bond, or deed(s) of trust on real property with equity of at least 100% of the penal amount of the bond, is provided before the bond is posted.

**Item 3.        STATE BAIL BONDS- 7% PREFERRED RATE**

The premium charged shall be 7% of the penal amount, with a minimum premium of \$50.00, if at least two of the following are satisfied:

Private Counsel. Private defense counsel is retained for the defendant prior to of the bond being posted; or

Full Payment of Bail Bond Premium. The full premium is paid before the bond is posted; or

Collateral. Cash Collateral of at least 50% of the penal amount of the bond, or deed(s) of trust on real property with equity of at least 100% of the penal amount of the bond, is provided before the bond is posted.

**Item 4.        FEDERAL BAIL BONDS**

The premium charged shall be 12% of the penal amount, with a minimum premium of \$50.00

**Item 5.        FEDERAL IMMIGRATION BONDS**

The premium charged shall be 12% of the penal amount, with a minimum premium of \$50.00

These rates must be charged by all Allegheny Casualty Company bail producers.

**Effective Date:** \_\_\_\_\_

RATE EFFECTIVE

# Exhibit 29

*International Fidelity Insurance Company*

*Allegheny Casualty Company*

***Rule filings 13-4507;13-4508***

*Filed: June 17, 2013*

*Effective: August 14, 2013*

*Excerpted to include cover pages and rate schedule only.*

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** Rule Filing  
**Project Name/Number:** Rule Filing/

**First Filing Company:** International Fidelity Insurance Company, ...

## Filing at a Glance

Companies: International Fidelity Insurance Company  
Allegheny Casualty Company

Product Name: Rule Filing

State: California

TOI: 24.0 Surety

Sub-TOI: 24.0000 Surety

Filing Type: Rule

Date Submitted: 06/17/2013

SERFF Tr Num: AAHL-129078648

SERFF Status: Closed-Approved

State Tr Num: 13-4507;13-4508

State Status: Approved

Co Tr Num:

Co Status:

Effective Date On Approval

Requested (New):

Effective Date On Approval

Requested (Renewal):

Author(s): Leah Schoen

Reviewer(s): Jerome Tu (primary)

Disposition Date: 08/14/2013

Disposition Status: Approved

Effective Date (New): 08/14/2013

Effective Date (Renewal): 08/14/2013

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** Rule Filing  
**Project Name/Number:** Rule Filing/

**First Filing Company:** International Fidelity Insurance Company, ...

## General Information

Project Name: Rule Filing

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 08/14/2013

State Status Changed: 08/14/2013

Created By: Leah Schoen

Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed

Domicile Status Comments: Not required.

Reference Number:

Advisory Org. Circular:

Company Status Changed:

Deemer Date: 08/27/2013

Submitted By: Leah Schoen

Filing Description:

To whom it may concern:

Attached is the rule filing to be used in the writing of Surety-Bail Bonds in the State of California.

This rule filing is being submitted in accordance with the California Insurance Code 1861.01(c). The requested effect date for this form filing is May 9, 2013, or approval date, if later.

International Fidelity Insurance Company's state of domicile is New Jersey. New Jersey's Department of Insurance does not require this form to be filed or approved.

Allegheny Casualty Company's state of domicile is Pennsylvania. Pennsylvania's Department of Insurance does not require this form to be filed or approved.

Please contact me at (800) 935-2245 ext. 6054 if you have any questions or need additional information. Thank you in advance for your attention to this matter

Leah Schoen

Paralegal

Allegheny Casualty Company

International Fidelity Insurance Company

## Company and Contact

### Filing Contact Information

Leah Schoen,  
26560 Agoura Road, Suite 100  
Calabasas, CA 91302

leahschoen@aiaSurety.com  
818-337-6054 [Phone]

**State:** California**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety**Product Name:** Rule Filing**Project Name/Number:** Rule Filing/**First Filing Company:** International Fidelity Insurance Company, ...**Filing Company Information**International Fidelity Insurance  
Company

P.O. Box 9810

Calabasas, CA 91372-9810

(800) 935-2245 ext. 6052[Phone]

CoCode: 11592

Group Code:

Group Name:

FEIN Number: 22-1010450

State of Domicile: New Jersey

Company Type: Surety

State ID Number:

Allegheny Casualty Company

P.O. Box 9810

Calabasas, CA 91372-9810

(800) 935-2245 ext. 6052[Phone]

CoCode: 13285

Group Code:

Group Name:

FEIN Number: 25-0315340

State of Domicile:

Pennsylvania

Company Type: Surety

State ID Number:

**Filing Fees**

Fee Required? No

Retaliatory? No

Fee Explanation:

**State Specific**

Variance Requested? (Yes/No): No

**SCHEDULE OF PREMIUMS**  
**for**  
**BAIL BONDS written in the STATE OF CALIFORNIA**

**STATE BONDS**

Bonds up to and including \$500.00 in liability

- charge minimum of \$50.00

Bonds over \$500.00 in liability

- charge 10% of the penal amount

**FEDERAL BONDS**

Bonds up to and including \$400.00 in liability

- charge minimum of \$50.00

Bond over \$400.00 in liability

- charge 12% of the penal amount

**A MINIMUM PREMIUM CHARGE OF \$50.00 APPLIES TO ALL BONDS**

**IFIC-CA-5.13**

**SCHEDULE OF PREMIUMS**  
**for**  
**BAIL BONDS written in the STATE OF CALIFORNIA**

**STATE BONDS**

Bonds up to and including \$500.00 in liability

- charge minimum of \$50.00

Bonds over \$500.00 in liability

- charge 10% of the penal amount

**FEDERAL BONDS**

Bonds up to and including \$400.00 in liability

- charge minimum of \$50.00

Bond over \$400.00 in liability

- charge 12% of the penal amount

**A MINIMUM PREMIUM CHARGE OF \$50.00 APPLIES TO ALL BONDS**

**ACC-CA-5.13**

# Exhibit 30

*Lexington National Insurance Company*

***Rule filing 15-10267***

*Filed: November 18, 2015*

*Effective: February 24, 2016*

*Excerpted to include cover pages and rate schedule only.*

---

<b>State:</b>	California	<b>Filing Company:</b>	Lexington National Insurance Corporation
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Bail Bonds		
<b>Project Name/Number:</b>	Bail Bonds/2016-CA-BR		

## Filing at a Glance

Company:	Lexington National Insurance Corporation
Product Name:	Bail Bonds
State:	California
TOI:	24.0 Surety
Sub-TOI:	24.0000 Surety
Filing Type:	Rule
Date Submitted:	11/18/2015
SERFF Tr Num:	LNIC-130336698
SERFF Status:	Closed-Approved
State Tr Num:	15-10267
State Status:	Approved
Co Tr Num:	2016-CA-BR
Effective Date	01/01/2016
Requested (New):	
Effective Date	01/01/2016
Requested (Renewal):	
Author(s):	Kim Marzullo
Reviewer(s):	Mary Hiltgen (primary), Jerome Tu
Disposition Date:	02/24/2016
Disposition Status:	Approved
Effective Date (New):	02/24/2016
Effective Date (Renewal):	02/24/2016

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** Bail Bonds  
**Project Name/Number:** Bail Bonds/2016-CA-BR

**Filing Company:** Lexington National Insurance Corporation

## General Information

Project Name: Bail Bonds  
Project Number: 2016-CA-BR

Reference Organization:

Reference Title:

Filing Status Changed: 02/24/2016

State Status Changed: 02/24/2016

Created By: Kim Marzullo

Corresponding Filing Tracking Number: 2016-CA-BR

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date: 03/08/2016

Submitted By: Kim Marzullo

### Filing Description:

Lexington National Insurance Corporation is submitting rule changes for its State Bail Bond Program - namely Item 1 (State Bail Bonds - General), Item 2 (State Bail Bonds - 8% Preferred Rate), Item 3 (State Bail Bonds - 7% Preferred Rate). Additionally, Item 4 (Federal Bail Bonds) and Item 5 (Federal Immigration Bonds) are "renumbered" but remain the same as previously approved. The Company is making this filing to provide that, effective January 1, 2016, the \$10 per bond fee will no longer be charged on Item 1; and preferred rates are available if the requirements are satisfied as outlined in Items 2 and 3 on the Schedule of Premiums. The justifications for these changes are (1) eliminating the \$10 fee relieves an administrative burden of collection, and benefits the consumer and (2) preferred rates benefit the consumer, and are in line with our competitors' rates.

## Company and Contact

### Filing Contact Information

KIMBERLY MARZULLO, CFO  
P.O. BOX 6098  
LUTHERVILLE, MD 21094

kmarzullo@lexingtonnational.com  
410-625-0800 [Phone]  
410-625-0865 [FAX]

### Filing Company Information

Lexington National Insurance  
Corporation  
P.O. Box 6098  
Lutherville, MD 21094  
(410) 625-0800 ext. [Phone]

CoCode: 37940

Group Code:

Group Name:

FEIN Number: 52-1662720

State of Domicile: Maryland

Company Type: Insurance

State ID Number: 2013121

## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

## State Specific

Variance Requested? (Yes/No): No

**DEPARTMENT OF INSURANCE**

300 SOUTH SPRING STREET  
LOS ANGELES, CA 90013  
(213) 346-6692  
(213) 346-6824 (FAX)  
[MHiltgen@insurance.ca.gov](mailto:MHiltgen@insurance.ca.gov)

SENT VIA SERFF



February 9, 2016

Kim Marzullo, Treasurer  
Lexington National Insurance Corp.  
P.O. Box 6098  
Lutherville, MD 21094

SUBJECT:      CDI File Number:      15-10267  
                 Company File Number: SERFF-2016-CA-BR  
                 SERFF Filing Number: LNIC-130336698  
                 Line of Insurance:      Commercial Surety  
                 Deemer Date:              March 8, 2016

Dear Ms. Marzullo:

Thank you for your responses dated February 4, 2016. Please note the following:

**1. SIDE BY SIDE EXHIBIT – 2009 FILING**

As filed, the Exhibit includes one Column with the title of “2009 Filing”. In Item #1 of your letter the Company stated that there is no reference file number for a 2009 filing. Further, the Company attached a letter dated December 4, 2008 from Robert Hogeboom of Barger & Wolen, directed to Sherwood Girion of the Financial Analysis Division of the CDI. The letter stated that Lexington National Insurance Corporation will abandon the “State Bail Bonds – Qualified Unions & Private Defense Counsel” Program. It is our understanding that members in those two specific groups received an 8% Rate until Jan. 1, 2009.

We are requesting that the Company provide the CDI’s written responses to the Dec. 4, 2008 letter by Robert Hogeboom of Barger & Wolen. Mr Girion is no longer employed with the California Dept. of Insurance.

The CDI documents we are requesting should include any related emails or other written correspondence related to the December 4, 2008 correspondence from Robert Hogeboom.

**2. STATE BAIL BONDS – 8% RATE**

According to our database, the most recent filing applicable to the State Bail Bond 8% rate is CDI File #03-3414. The filing was approved by the CDI on July 16, 2003 and the 8% rate has been in effect since that date.

**2. STATE BAIL BONDS – 8% RATE (CONTINUED)**

As stated in #1. above, our database does not reference a Lexington National Surety Rate filing in 2009.

As the Company is aware, if current rates are being changed in a previously approved program, pursuant to California Insurance Code Section 1861.05(b) the Company is statutorily obligated to submit a Rate filing to the Rate Regulation Branch of the CDI for review and approval (prior to the rate change).

According to Item #5. in the Company's letter(2/4/16), "all current CA. bail bond customers are under the 10% rate program because the 8% program was abandoned in 2009."

It appears that the Company will need to address the rate impact change made in effective January 1, 2009 at this time prior to any further review of the proposed Rule Change Filing.

As noted in Item #6 of the Company's letter (2/4/16), the Company did not include the statewide overall rate impact of the proposed changes. The Company only provided the reduction in the gross premiums for 2015 and 2014.

The Company will need to calculate the overall rate impact from 1/1/2009 forward.

We are not in a position to recommend approval of the proposed filing at this time. Please respond via SERFF by February 18, 2016.

Sincerely,

Mary Hiltgen, CPCU, AU  
Associate Insurance Rate Analyst  
California Dept. of Insurance  
Rate Regulation Branch – RFLA3 (Los Angeles)

**LEXINGTON NATIONAL INSURANCE CORPORATION**  
**NAIC# 37940**

---

SCHEDULE OF PREMIUMS

for

BAIL BONDS written in the STATE OF CALIFORNIA

---

Item 1.        **STATE BAIL BONDS - GENERAL**

The premium charged shall be 10% of the penal amount, with a minimum premium of \$50.00

Item 2.        **STATE BAIL BONDS – 8% PREFERRED RATE**

The premium charged shall be 8% of the penal amount, with a minimum premium of \$50.00 if any of the following are satisfied:

Qualified Union Members. If (a) the defendant, (b) any indemnitor, or (c) the defendant's or indemnitor's, parent, spouse or child, is an active union member; or

Active or Former Military. If (a) the defendant, (b) any indemnitor, or (c) the defendant's or indemnitor's parent, spouse or child, is currently serving or has been honorably discharged from any branch of the United States Armed Services; or

Senior Citizen. The (a) defendant or (b) any indemnitor is age 60 or older; or

Law Enforcement. If (a) the defendant, (b) any indemnitor, or (c) the defendant's or indemnitor's parent, spouse or child, is an active duty or retired law enforcement officer; or

Private Counsel. Private defense counsel is retained for the defendant either prior to or within 10 days of the bond being posted; or

Full Payment of Bail Bond Premium. The full premium is paid before the bond is posted; or

Full Collateral. Cash collateral of at least 50% of the penal amount of the bond, or deed(s) of trust on real property with equity of at least 100% of the penal amount of the bond is provided before the bond is posted.

Item 3.        **STATE BAIL BONDS – 7% PREFERRED RATE**

The premium charged shall be 7% of the penal amount, with a minimum premium of \$50.00 if at least two of the following are satisfied:

Private Counsel. Private defense counsel is retained for the defendant either prior to or within 10 days of the bond being posted; and/or

Full Payment of Bail Bond Premium. The full premium is paid before the bond is posted; and/or

Full Collateral. Cash collateral of at least 50% of the penal amount of the bond, or deed(s) of trust on real property with equity of at least 100% of the penal amount of the bond is provided before the bond is posted.

Item 4.        **FEDERAL BAIL BONDS**

The premium charged shall be 12% of the penal amount plus \$10.00, with a minimum premium of \$50.00

Item 5.        **FEDERAL IMMIGRATION BONDS**

The premium charged shall be 12% of the penal amount plus \$10.00, with a minimum premium of \$50.00

These rates must be charged by all Lexington National Insurance Corporation agents in California.

Effective Date: January 1, 2016

# Exhibit 31

*Lexington National Insurance Company*

***Rule filing 06-8729***

*Filed: August 26, 2009*

*Effective: September 11, 2009*

*Excerpted to include cover pages and rate schedule only.*

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lexingtonnationalinsur

Tracking Number:

Filings	Messages	Billing	Settings	Filing Rules	Reports	Templates	Alerts
<a href="#">My Workfolder</a>	<a href="#">My Open Filings</a>	<a href="#">My Draft Filings</a>	<a href="#">Search</a>	<a href="#">Create Filing</a>	<a href="#">EFT Report</a>		

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CI

 This Filing has been marked as public access.

Ca

[View General Instructions](#)
**Product Name:** Federal Bail and Immigration Bonds

**SERFF Tr Num:** LNIC-126282141

**SERFF Status:** Closed-Attached

**TOI:** 24.0 Surety

**State Tr Num:** 06-8729

**State Status:** Attached

**Sub-TOI:** 24.0000 Surety

**Co Tr Num:** 2009-CA

**Co Status:**
**Filing Type:** Rule

**Date Submitted:** 08/26/2009

**Disposition Date:** 09/11/2009

**Effective Date Requested (New):** On Approval

**Authors:** Kim Marzullo, Erika Douglas

**Effective Date Requested (Renewal):** On Approval

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence
<b>Project Name:</b>				<b>Project Number:</b> 2009-CA			
<b>Status of Filing in Domicile:</b> Authorized							
<b>Domicile Status Comments:</b>							
<b>Filing Status Changed:</b> 09/11/2009				<b>State Status Changed:</b> 09/09/2009			
<b>Company Status Changed:</b>				<b>Deemer Date:</b>			
<b>Reference Organization:</b>				<b>Reference Number:</b>			
<b>Reference Title:</b>				<b>Advisory Org. Circular:</b>			
<b>Assigned To:</b> Jerome Tu (primary)							
<b>Created By:</b> Erika Douglas				<b>Submitted By:</b> Erika Douglas			
<b>Corresponding Filing Tracking Number:</b>							
<b>Filing Description:</b> The Company is withdrawing its rule to charge annual renewal premiums in order to standardize its Federal and Immigration bond rules across the country.							

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CI

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lexingtonnationalinsur

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This Filing has been marked as public access.

Ca

[View General Instructions](#)

**Product Name:** Federal Bail and Immigration Bonds  
**TOI:** 24.0 Surety  
**Sub-TOI:** 24.0000 Surety  
**Filing Type:** Rule  
**Effective Date Requested (New):** On Approval  
**Effective Date Requested (Renewal):** On Approval

**SERFF Tr Num:** LNIC-126282141  
**State Tr Num:** 06-8729  
**Co Tr Num:** 2009-CA  
**Date Submitted:** 08/26/2009  
**Authors:** Kim Marzullo, Erika Douglas

**SERFF Status:** Closed-Attached  
**State Status:** Attached  
**Co Status:**  
**Disposition Date:** 09/11/2009

General Information	Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence
<a href="#">Expand All</a>	<a href="#">Collapse All</a>						

Sc



#### ☑\_Prior Approval Rate Application

##### Description

California Department of Insurance Prior Approval Rate Application

Please complete the attached Prior Approval Rate Application, and submit in both the original Excel format and in PDF.

A rate template is contained in the application, and will populate automatically when the application is properly completed. Alternate rate templates are provided for those situations where templates are required. Please READ THE INSTRUCTIONS.

Again, please submit a PDF copy of the application and any additional templates in addition to the original Excel version. This will facilitate our processing needs and the PDF Pipeline.

Thanks for your cooperation!

- [Rate Application Instructions.pdf](#)
- [PriorApprovalRateApplication072809.xls](#)
- [PriorApprovalRateTemplate072809.xls](#)
- [PriorApprovalRateTemplateMulti072809.xls](#)
- [PriorApprovalRateTemplatePPA072809.xls](#)
- [CHANGE LOG.pdf](#)

- [Prior Approval Rate Application - CA.pdf](#)
- [PriorApprovalRateApplication072809.xls](#)

##### Submitted

Date Submitted: 08/26/2009  
 By: Erika Douglas

**Icon Legend:** - No Action Taken - Satisfied - Bypassed - User Added - Draft Schedule Item - Open Objection

[Add Authors](#)
[Update](#)
[Create Reminder](#)
[Move to Workfolder](#)
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CI

## PRIOR APPROVAL RATE APPLICATION

Completed by: KIM MARZULLO

Date: 8/26/2009

Your File #: 2009-CA

( 15 Characters Maximum)

☒ SERFF ☐ CD (plus 1 paper copy) ☐ Paper (1 original plus 1 copy)

Does this filing include a variance request?

No ▼

Is this a variance request submitted after the prior approval application to which it applies?

No ▼

If yes, provide the applicable CDI File Number: \_\_\_\_\_

Does this file contain group data?

No ▼

Note: Complete page 2 if this is a group filing

Is this a specialty filing?

No ▼

Latest applicable CDI file number in this line, subline and/or program: \_\_\_\_\_

Company Name LEXINGTON NATIONAL INSURANCE CORPORATION

NAIC Company Code 37940

Group Name \_\_\_\_\_

NAIC Group Code \_\_\_\_\_

Organized under the Laws of the State of MARYLAND

Line Code for this Line of Insurance: 24.0 ▼

Line of Insurance: SURETY

Subline \_\_\_\_\_

Program BAIL AND IMMIGRATION BONDS

Home Office 200 E. LEXINGTON STREET, SUITE 501, BALTIMORE, MD 21202

Name and Title of Contact Person KIM MARZULLO, VP

Toll Free Phone No.: 888-888-2245

Fax No.: 410-625-0865

Email Address kmarzullo@lexingtonnational.com

Mailing Address 200 E. LEXINGTON STREET, SUITE 501, BALTIMORE, MD 21202

I declare under penalty of perjury under the laws of the State of California, that the information filed is true, complete, and correct

*Kim Marzullo*

8/26/09

(410)625-0800

Authorized Signature

Date of Filing

Telephone Number

Important note: Refer to CDI website at <http://www.insurance.ca.gov/0250-insurers/0800-rate-filings/> for the most current rate template and prior approval factors.

### DEPARTMENT USE ONLY

Filing No.: \_\_\_\_\_

SERFF No.: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Compliance Date: \_\_\_\_\_

Date Public Notified: \_\_\_\_\_

Deemer Date: \_\_\_\_\_

Intake Analyst: \_\_\_\_\_

Bureau & Senior: \_\_\_\_\_

Group Filing: Yes ☐ No ☐

X-Reference No.: \_\_\_\_\_

☐ Rate ☐ New Program ☐ Rule

☐ Form ☐ Variance \_\_\_\_\_ % Change

# LEXINGTON NATIONAL INSURANCE CORPORATION

NAIC# 37940

---

## SCHEDULE OF PREMIUMS

for

BAIL BONDS written in the STATE OF CALIFORNIA

---

Item 1. **STATE BAIL BONDS - GENERAL (Existing Program)**

Bonds up to and including \$500.00 in liability  
charge minimum of \$50.00, plus \$10.00

Bonds over \$500.00 in liability  
charge 10% of the penal amount, plus \$10.00

Item 2. **STATE BAIL BONDS - QUALIFIED UNIONS & PRIVATE DEFENSE COUNSEL**

Discontinued Program

Item 3. **BAIL BOND - FEDERAL**

Bonds for all liability amounts will be  
charged 12% of the penal amount, plus \$10.00 \*

A minimum charge of \$50.00 applies to all bonds.

Item 4. **FEDERAL IMMIGRATION**

Bonds for all liability amounts will be  
charged 12% of the penal amount, plus \$10.00 \*

A minimum charge of \$50.00 applies to all bonds.

\*NOTE: The \$10.00 per bond fee should not be included in the calculation of the minimum premium.

# Exhibit 32

*Lexington National Insurance Company*

*Rule filing 03-3414*

*Filed: May 19, 2003*

*Effective: July 22, 2003*

*Excerpted to include cover pages and rate schedule only.*

**DEPARTMENT OF INSURANCE**

RATE REGULATION BRANCH

300 SOUTH SPRING STREET

LOS ANGELES, CA 90013

www.insurance.ca.gov

**LAV**

July 16, 2003

Lexington National Insurance Company  
c/o Aguilar & Sebastinelli  
attn.: John A. Sebastinelli, Esq.  
1700 California St. Suite 400  
San Francisco, CA 94109-4586

**FILE SCANNED**  
**DATE:** 01-28-08  
**INITIALS:** A

**RE: APPROVAL OF APPLICATION**

LEXINGTON NATIONAL INSURANCE COMPANY has submitted the following application for approval regarding the following line of business or program:

**CDI App. No(s):** 03-3414  
**Insurer File No(s):** 9013  
**Line(s) of Insurance:** Surety  
**Program:** Bail Bonds

Only the change(s) specifically indicated in the application set forth above, as it may have been amended, is (are) approved. Nothing in this letter shall constitute approval of any other application, whether incorporated by reference, or filed prior or subsequent to the application set forth above. LEXINGTON NATIONAL INSURANCE COMPANY shall begin issuing policies pursuant to this approval within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. LEXINGTON NATIONAL INSURANCE COMPANY may implement this approval earlier if it is able to do so. Regardless of the implementation date, LEXINGTON NATIONAL INSURANCE COMPANY shall implement this approval with the same effective date for both new and renewal business and shall offer this product to all eligible applicants as of the implementation date. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced lines or programs may be approved or ordered by the Insurance Commissioner.

If any portion of the application or related documentation conflicts with California law, that portion is specifically not approved. Policy forms and underwriting guidelines included in this filing were reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance. This approval does not constitute an approval of underwriting guidelines nor the specific language, coverages, terms, covenants and conditions contained in any forms, or of the forms themselves. The Commissioner may at any time take any action allowed by law if he determines that any underwriting guidelines, forms or procedures for application of rates, or any other portions of the application conflict with any applicable laws or regulations.

Sincerely,

*Doug Barker by T. Gomez*  
Doug Barker, Bureau Chief  
LA-3 Rate Filing Bureau  
Telephone (213) 346-6786  
Facsimile (213) 897-6181

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)APPLICATION FOR APPROVAL OF  
INSURANCE RATESYour file #: 9013.10  
(15 characters maximum)☒ Original ☒ Copy 1 ☒ Copy 2Does this file contain group data? Yes ☐ No ☒Is this a specialty filing? Yes ☐ No ☒**Note: A separate CA-RA1 page must be  
Submitted for each company within a  
Group filing.**Latest applicable CDI File No. in this  
Line, Subline and/or Program:N/A

Department Use Only	
FILING NO.:	<u>03-3414</u>
DATE FILED:	<u>5-19-03</u>
COMPLIANCE DATE:	<u>5-20-03</u>
DATE PUBLIC NOTIFIED:	<u>5-23-03</u>
DEEMER DATE:	<u>7-22-03</u>
INTAKE ANALYST:	<u>Rivera J.</u>
BUREAU CODE & SR.:	<u>LAB-Allen K.</u>
GROUP FILING:	Yes <input checked="" type="radio"/> No <input type="radio"/>
X-REFERENCE #:	
Rate New Program	<input checked="" type="radio"/> Rule <input type="radio"/> Form
Both Rate & Form	<input type="radio"/> Class Plan
PERCENT CHANGE:	<u>*</u> %

Company Name LEXINGTON NATIONAL INSURANCE COPR. Group Name N/ANAIC Company Code 37940 NAIC Group Code N/AOrganized Under the Laws of the State of MARYLANDLine of Insurance COMMERCIAL SURETY Subline OTHER  
(as it appears in CA-RA3) (as it appears in CA-RA3)Program BAIL BONDSHome Office 214 East Lexington Street, Baltimore, Maryland 21202Main Administrative Office in California N/AName and Title of Contact Person John A. Sebastinelli, Esq.Toll Free Phone No.: (415 ) 771-9400 Fax No.: (415 ) 771-2700  
If not available, collect calls will be made.Internet Address (if available): johnsebastinelli@agseb.comMailing Address 1700 California Street, Suite 400, San Francisco, CA 94109I declare under penalty of perjury, under the laws of the State of California, that the  
information filed is true, complete, and correct.

Authorized Signature

5/19/03

Date of Filing

(415) 771-9400RATE FILING BUREAU - SE  
Telephone Number

MAY 19 2003

# LEXINGTON NATIONAL INSURANCE CORPORATION

---

## SCHEDULE OF PREMIUMS

for

BAIL BONDS written in the STATE OF CALIFORNIA

---

### **STATE BAIL BONDS - GENERAL (Existing Program)**

Bonds up to and including \$500.00 in liability  
charge minimum of \$50.00, plus \$10.00

Bonds over \$500.00 in liability  
charge 10% of the penal amount, plus \$10.00

### **STATE BAIL BONDS - QUALIFIED UNIONS & PRIVATE DEFENSE COUNSEL**

Bonds for all liability amounts will be  
charged 8% of the penal amount, plus \$10.00

A minimum charge of \$50.00 applies to all bonds.

### **BAIL BOND - FEDERAL**

Bonds for all liability amounts will be  
charged 12% of the penal amount, plus \$10.00

A minimum charge of \$50.00 applies to all bonds.

### **FEDERAL IMMIGRATION**

Bonds for all liability amounts will be  
charged 12% of the penal amount, plus \$10.00

A minimum charge of \$50.00 applies to all bonds.

NOTE: The \$10.00 per bond fee should not be included in the calculation of the minimum premium.

# Exhibit 33

*Lexon Insurance Company*

***New program filing 11-5648***

*Filed: June 27, 2011*

*Effective: September 13, 2011*

*Excerpted to include cover pages and rate schedule only.*

## PRIOR APPROVAL RATE APPLICATION

Completed by: Andrew G. Smith

Date: 6/17/2011

Your File #: LICSUR-IMM-01

( 15 Characters Maximum)

☐ SERFF ☐ CD (plus 1 paper copy)

☒ Paper (1 original plus 1 copy)

Does this filing include a variance request?

No ☐

Is this a variance request submitted after the prior approval application to which it applies?

No ☐

If yes, provide the applicable CDI File Number: \_\_\_\_\_

Does this file contain group data?

No ☐

Note: Complete page 2 if this is a group filing

Is this a specialty filing?

No ☐

Latest applicable CDI file number in this line, subtitle and/or program:

NA - New Program

Company Name Lexon Insurance Company

NAIC Company Code 13307

Group Name J.A. Patterson Group

NAIC Group Code 3488

Organized under the Laws of the State of

Texas

Line Type COMMERCIAL

Line of Insurance: SURETY

Subline Surety

Other

Program Immigration

Bail Bonds

Home Office 10002 Shelbyville Road, Ste. 100, Louisville, KY 40223

Name and Title of Contact Person John A. Sebastinelli, Esq.

Toll Free Phone No.: 415.882.7770

Fax No.: 415.882.1570

Email Address jsebastinelli@mrlp.com

Mailing Address 455 Market Street, Suite 1420, San Francisco, CA 94105

I declare under penalty of perjury under the laws of the State of California, that the information filed is true, complete, and correct.

Authorized Signature

June 27, 2011

Date of Filing

415.882.7770

Telephone Number

Important note: Refer to CDI website at <http://www.insurance.ca.gov/0250-insurers/0800-rate-filings/> for the most current rate template and prior approval factors.

### DEPARTMENT USE ONLY

Filing No.: 11-5648

SERFF No.: N/A

Date Filed: 6/27/11

Compliance Date: 7/8/11

Date Public Notified: JUL 15 2011

Deemer Date: SEP 13 2011

Intake Analyst: ZAMUDIOM

Bureau & Senior: LA3-TV-8

Group Filing: Yes ☐ No ☒

X-Reference No.: \_\_\_\_\_

☐ Rate ☒ New Program ☐ Rule

☐ Form ☐ Variance 0 % Change

RATE FILING BUREAU--SF

JUN 27 2011

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

**MIR MICHELMAN & ROBINSON, LLP**  
ATTORNEYS AT LAW

COPY

**JOHN A. SEBASTINELLI**  
jsebastinelli@mrlp.com

San Francisco Office  
455 Market Street, Suite 1420  
San Francisco, CA 94105  
P 415.882.7770 F 415.882.1570 www.mrlp.com

June 27, 2011

**VIA HAND DELIVERY**

John R. Said,  
Senior Insurance Rate Analyst  
Rate Filing Bureau  
California Department of Insurance  
45 Fremont Street, 23<sup>rd</sup> Floor  
San Francisco, California 94105

Re Lexon Insurance Company  
Prior Approval Rate Application -  
**New Program - Bail Bonds**  
Our File No 5543-0002

Dear John

On behalf of Lexon Insurance Company, I enclose herewith an original and one copy of the above-referenced application

This is a new program filing for a bail bond program.

Please direct any correspondence regarding this filing to the undersigned. Thank you for your attention to this matter.

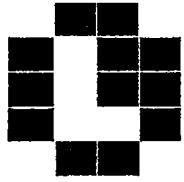
Sincerely,  
**MICHELMAN & ROBINSON, LLP**

  
John A. Sebastinelli  
Partner

JAS kc

Encs

RATE FILING BUREAU--SF  
**JUN 27 2011**  
STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE



**LEXON**  
INSURANCE  
C O M P A N Y

256 Jackson Meadows Drive • Suite 201  
Hermitage, TN 37076  
phone (615) 250-3040  
fax (615) 250-3044

June 22, 2011

California Department of Insurance  
Rate Filing Bureau  
45 Fremont Street, 23<sup>rd</sup> Floor  
San Francisco, California 94105

RE: Application for Prior Approval Rate Application  
New Program for Bail Bonds

Dear Sirs:

This serves to advise that John A. Sebastinelli, Esq. of Michelman & Robinson, LLP is hereby authorized to represent Lexon Insurance Company (NAIC #13307) before the California Department of Insurance in connection with the above-referenced application.

If you have any questions, please contact me at your convenience.

Sincerely,

Craig H. Krah

VP & COO

Bond Safeguard Insurance Company

[ckrah@lexonsurety.com](mailto:ckrah@lexonsurety.com)

RATE FILING BUREAU--SF  
JUN 27 2011  
STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

**BOND SAFEGUARD INSURANCE COMPANY**  
**CALIFORNIA**  
**BAIL-BOND PROGRAM**  
**RATES AND RULES**

**Bail Bonds**

**Preferred Rate:** **8% of Penal Amount**

If referred by attorney, or defendant or indemnitor is on a fixed income, union member, current or retired local, state or federal government employee or military, homeowner, student, or Native American.

**Standard Rate** (for all other bail bonds): **10% of Penal Amount**

**\$50.00 Minimum** for any bond, regardless of penal amount.

**Premium Calculation:** Premium is calculated by multiplying the face amount of the bond by the percentage rate listed above. The bail bond agent will pay to the Surety the rate set by the bail bond agent's contract with the Surety. Premium is fully earned at the time the bond is issued.

**Return Premium:** If the bond amount is decreased or the bond is exonerated, premium will not be returned. If the defendant is returned to early custody as initiated by the bail bond agent, any return premium, as established by the Court, will be refunded.

**Increased Exposure:** If the bond amount is increased by the Court and the bail bond agent agrees to re-write the bond, an additional premium is charged. Additional premium is calculated by multiplying the added exposure by the percentage rate listed above.

**Renewal Premium:** Premium charged is an annual premium and renewal premium shall be charged each anniversary date. Any bail bond that has not been exonerated by the court one (1) year from the date of issuance shall be charged an additional premium equal to the original premium amount.

## Bond Safeguard Insurance Company

P.O. Box 1208

Mt. Juliet, TN 37076-1425

615-690-0351 (Phone) 615-250-3044 (Fax)

(Place Bail Agent's Address Stamp Above)

### BAIL-BOND RATES

#### Bail Bonds

**\$50.00 Minimum** for any bond, regardless of penal amount.

**8% of Penal Amount** if referred by attorney, or defendant or indemnitor is on a fixed income, union member, current or retired local, state or federal government employee or military, homeowner, student, or native American.

**10% of Penal Amount** for all other bail bonds.

- **Premium Calculation:** Premium is calculated by multiplying the face amount of the bond by the percentage rate listed above. The bail bond agent will pay to the Surety the rate set by the bail bond agent's contract with the Surety. Premium is fully earned at the time the bond is issued.
- **Return Premium:** If the bond amount is decreased or the bond is exonerated, premium will not be returned. If the defendant is returned to early custody as initiated by the bail bond agent, any return premium, as established by the Court, will be refunded.
- **Increased Exposure:** If the bond amount is increased by the Court and the bail bond agent agrees to re-write the bond, an additional premium is charged. Additional premium is calculated by multiplying the added exposure by the percentage rate listed above.
- **Renewal Premium:** Premium charged is an annual premium and renewal premium shall be charged each anniversary date. Any bail bond that has not been exonerated by the court one (1) year from the date of issuance shall be charged an additional premium equal to the original premium amount.

**EFFECTIVE DATE OF THIS NOTICE:** \_\_\_\_\_

#### NOTE

ALL AGENTS OF BOND SAFEGUARD INSURANCE COMPANY MUST CHARGE THESE FILED RATES. THESE RATES ARE FOR PREMIUM ONLY, AND DO NOT INCLUDE OTHER EXPENSES INCURRED, SUCH AS TELEPHONE, POSTING FEES, APPRAISALS OR LOT-BOOK REPORTS, TRAVEL AND OTHER MISCELLANEOUS EXPENSES.

**ALL AGENTS: PLEASE POST THIS RATE CHART IN PUBLIC VIEW IN YOUR OFFICE**

# Exhibit 34

*Crum & Forster Indemnity Company  
The North River Insurance Company  
United States Fire Insurance Company  
**Form and rule filings 13-3655;13-3656;13-3657**  
Filed: May 7, 2013  
Effective: July 11, 2013  
Excerpted to include cover pages and rate schedule only.*

---

**State:** California **First Filing Company:** Crum & Forster Indemnity Company, ...  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** BAIL BOND  
**Project Name/Number:** BAIL BOND RULE/

## Filing at a Glance

Companies: Crum & Forster Indemnity Company  
The North River Insurance Company  
United States Fire Insurance Company

Product Name: BAIL BOND  
State: California  
TOI: 24.0 Surety  
Sub-TOI: 24.0000 Surety  
Filing Type: Rule  
Date Submitted: 05/07/2013  
SERFF Tr Num: CRUM-129018663  
SERFF Status: Closed-Approved  
State Tr Num: 13-3655;13-3656;13-3657  
State Status: Approved  
Co Tr Num: BAIL2013-R-CA

Effective Date: On Approval  
Requested (New):  
Effective Date: On Approval  
Requested (Renewal):  
Author(s): Leonard Traiman  
Reviewer(s): Ashok Viswanathan (primary), Jerome Tu  
Disposition Date: 07/11/2013  
Disposition Status: Approved  
Effective Date (New): 07/11/2013  
Effective Date (Renewal): 07/11/2013

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** BAIL BOND  
**Project Name/Number:** BAIL BOND RULE/

**First Filing Company:** Crum & Forster Indemnity Company, ...

## General Information

Project Name: BAIL BOND RULE

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 07/11/2013

State Status Changed: 07/11/2013

Created By: Leonard Traiman

Corresponding Filing Tracking Number: 13-2397;13-2398;13-2399

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date: 07/23/2013

Submitted By: Leonard Traiman

Filing Description:

We are filing a change to our Bail Bond Rule to remove language regarding miscellaneous fees/expenses.

## Company and Contact

### Filing Contact Information

Leonard Traiman,  
305 Madison Avenue  
Morristown, NJ 07960

ltraiman@cfins.com  
973-326-7319 [Phone]  
973-490-6062 [FAX]

### Filing Company Information

Crum & Forster Indemnity Company	CoCode: 31348	State of Domicile: Delaware
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6600 ext. [Phone]	FEIN Number: 22-2868548	

The North River Insurance Company	CoCode: 21105	State of Domicile: New Jersey
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6600 ext. [Phone]	FEIN Number: 22-1964135	

United States Fire Insurance Company	CoCode: 21113	State of Domicile: Delaware
305 MADISON AVENUE	Group Code: 158	Company Type:
MORRISTOWN, NJ 07962	Group Name:	State ID Number:
(973) 490-6600 ext. [Phone]	FEIN Number: 13-5459190	

## Filing Fees

Fee Required? No

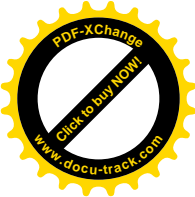
Retaliatory? No

Fee Explanation:

**State:** California**First Filing Company:** Crum & Forster Indemnity Company, ...**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety**Product Name:** BAIL BOND**Project Name/Number:** BAIL BOND RULE/

## State Specific

Variance Requested? (Yes/No): No



# BAIL BOND RATES CALIFORNIA

## STATE BONDS

## CHARGE

- A. BONDS UP TO AND INCLUDING \$500.00  
IN LIABILITY..... \$50.00
- B. BONDS IN EXCESS OF \$500.00 IN LIABILITY..... 10% OF THE PENAL AMOUNT

## FEDERAL BONDS

## CHARGE

- C. BONDS UP TO AND INCLUDING \$350.00  
IN LIABILITY..... \$50.00
- D. BONDS IN EXCESS OF \$350.00 IN LIABILITY..... 12% OF THE PENAL AMOUNT

## QUALIFIED UNIONS, PRIVATE DEFENSE COUNSEL, GOVERNMENT EMPLOYEES AND FULL COLLATERAL WITH REAL PROPERTY

Bonds up to and including \$600.00 in liability may be charged at \$50.00

Bonds in excess of \$600.00 in liability may be charged based on 8% of the penal liability

**Qualified Union** is any union in which the defendant or indemnitor are members.

**Private Defense Counsel** is any practicing defense attorney retained for or on behalf of a defendant in relation to the case this bail bond shall apply.

**Government Employee** is any defendant or indemnitor currently employed by a United States city, county, state or federal government agency.

**Full Collateral with Real Property** is any bond where the bail bond exposure is secured with real property with a unencumbered value in excess of 100% of the bail bond being executed.

## ATTORNEY REFERRALS WITH FULL PREMIUM

Bonds up to and including \$700.00 in liability may be charged at \$50.00

Bonds in excess of \$700.00 in liability may be charged based on 7% of the penal liability

## **NOTE**

THESE RATES MUST BE CHARGED BY ALL AGENTS OF **UNITED STATES FIRE INSURANCE COMPANY**, **THE NORTH RIVER INSURANCE COMPANY** AND **CRUM & FORSTER INDEMNITY COMPANY**.

**\* FEDERAL BOND RATES ONLY APPLY TO UNITED STATES FIRE INSURANCE COMPANY**

United States Fire Insurance Company  
The North River Insurance Company  
Crum & Forster Indemnity Company

# Exhibit 35

*Crum & Forster Indemnity Company  
The North River Insurance Company  
United States Fire Insurance Company*  
***Rule filings 12-724;12-725;12-726***

*Filed: January 19, 2012*

*Effective: April 25, 2012*

*Excerpted to include cover pages and rate schedule only.*

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**State:** California **First Filing Company:** Crum & Forster Indemnity Company, ...  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** BAIL BOND 2012  
**Project Name/Number:** BB2012/

## Filing at a Glance

Companies: Crum & Forster Indemnity Company  
The North River Insurance Company  
United States Fire Insurance Company

Product Name: BAIL BOND 2012

State: California

TOI: 24.0 Surety

Sub-TOI: 24.0000 Surety

Filing Type: Rule

Date Submitted: 01/19/2012

SERFF Tr Num: CRUM-127966660

SERFF Status: Closed-Approved

State Tr Num: 12-724;12-725;12-726

State Status: Approved

Co Tr Num: BB2012

Effective Date: On Approval

Requested (New):

Effective Date: On Approval

Requested (Renewal):

Author(s):

Reviewer(s): Mary Hiltgen (primary), Jerome Tu

Disposition Date: 04/25/2012

Disposition Status: Approved

Effective Date (New): 04/25/2012

Effective Date (Renewal): 04/25/2012

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** BAIL BOND 2012  
**Project Name/Number:** BB2012/

**First Filing Company:** Crum & Forster Indemnity Company, ...

## General Information

Project Name: BB2012

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 04/25/2012

State Status Changed: 04/25/2012

Created By: Sharon Smith

Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date: 04/03/2012

Submitted By: Sharon Smith

Filing Description:

We are filing to included a discounted rate of 7% of the penal amount of the bond for bonds that have FULL premium paid at the time of sale.

## Company and Contact

### Filing Contact Information

Sharon D. Smith, Regulatory Compliance Analyst  
sharon\_smith@cfins.com

305 MADISON AVENUE  
MORRISTOWN, NJ 07962  
973-490-6788 [Phone]  
973-490-6062 [FAX]

### Filing Company Information

Crum & Forster Indemnity  
Company  
305 Madison Avenue  
Morristown, NJ 07960  
(973) 490-6600 ext. [Phone]

CoCode: 31348  
Group Code: 158  
Group Name:  
FEIN Number: 22-2868548

State of Domicile: Delaware  
Company Type:  
State ID Number:

The North River Insurance  
Company  
305 Madison Avenue  
Morristown, NJ 07960  
(973) 490-6600 ext. [Phone]

CoCode: 21105  
Group Code: 158  
Group Name:  
FEIN Number: 22-1964135

State of Domicile: New Jersey  
Company Type:  
State ID Number:

United States Fire Insurance  
Company  
305 MADISON AVENUE  
MORRISTOWN, NJ 07962  
(973) 490-6600 ext. [Phone]

CoCode: 21113  
Group Code: 158  
Group Name:  
FEIN Number: 13-5459190

State of Domicile: Delaware  
Company Type:  
State ID Number:

## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: California  
TOI/Sub-TOI: 24.0 Surety/24.0000 Surety  
Product Name: BAIL BOND 2012  
Project Name/Number: BB2012/

First Filing Company: Crum & Forster Indemnity Company, ...

## State Specific

Variance Requested? (Yes/No): no

# BAIL BOND RATES

## CALIFORNIA

### STATE BONDS

### CHARGE

- A. BONDS UP TO AND INCLUDING \$500.00  
IN LIABILITY..... \$50.00
- B. BONDS IN EXCESS OF \$500.00 IN LIABILITY..... 10% OF THE PENAL AMOUNT

### FEDERAL BONDS

### CHARGE

- C. BONDS UP TO AND INCLUDING \$350.00  
IN LIABILITY..... \$50.00
- D. BONDS IN EXCESS OF \$350.00 IN LIABILITY..... 12% OF THE PENAL AMOUNT

### QUALIFIED UNIONS, PRIVATE DEFENSE COUNSEL, GOVERNMENT EMPLOYEES AND FULL COLLATERAL WITH REAL PROPERTY

Bonds up to and including \$600.00 in liability may be charged at \$50.00

Bonds in excess of \$600.00 in liability may be charged based on 8% of the penal liability

**Qualified Union** is any union in which the defendant or indemnitor are members.

**Private Defense Counsel** is any practicing defense attorney retained for or on behalf of a defendant in relation to the case this bail bond shall apply.

**Government Employee** is any defendant or indemnitor currently employed by a United States city, county, state or federal government agency.

**Full Collateral with Real Property** is any bond where the bail bond exposure is secured with real property with a unencumbered value in excess of 100% of the bail bond being executed.

### ATTORNEY REFERRALS WITH FULL PREMIUM

Bonds up to and including \$700.00 in liability may be charged at \$50.00

Bonds in excess of \$700.00 in liability may be charged based on 7% of the penal liability

### **NOTE**

THESE RATES MUST BE CHARGED BY ALL AGENTS OF UNITED STATES FIRE INSURANCE COMPANY, THE NORTH RIVER INSURANCE COMPANY AND CRUM & FORSTER INDEMNITY COMPANY. THESE RATES ARE FOR PREMIUM ONLY, AND DO NOT INCLUDE OTHER EXPENSES INCURRED, SUCH AS TELEPHONE, POSTING FEES, APPRAISALS OR LOT BOOK REPORTS, TRAVEL AND OTHER MISCELLANEOUS EXPENSES

**\* FEDERAL BOND RATES ONLY APPLY TO UNITED STATES FIRE INSURANCE COMPANY**

United States Fire Insurance Company  
The North River Insurance Company  
Crum & Forster Indemnity Company

# Exhibit 36

*The North River Insurance Company  
United States Fire Insurance Company  
**Form and rule filings 07-4496;07-4497**  
Filed: May 4, 2007  
Effective: August 15, 2007  
Excerpted to include cover pages and rate schedule only.*

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** CABAIL07  
**Project Name/Number:** /

**First Filing Company:** The North River Insurance Company, ...

## Filing at a Glance

Companies: The North River Insurance Company  
United States Fire Insurance Company

Product Name: CABAIL07

State: California

TOI: 24.0 Surety

Sub-TOI: 24.0000 Surety

Filing Type: Form/Rate/Rule

Date Submitted: 05/04/2007

SERFF Tr Num: CRUM-125171711

SERFF Status: Closed-Approved

State Tr Num: 07-4496;07-4497

State Status: Approved

Co Tr Num:

Effective Date 06/01/2007

Requested (New):

Effective Date 06/01/2007

Requested (Renewal):

Author(s): Leonard Traiman

Reviewer(s): Michael Jones (primary), Ken Allen

Disposition Date: 08/15/2007

Disposition Status: Approved

Effective Date (New): 08/15/2007

Effective Date (Renewal): 08/15/2007

State: California  
TOI/Sub-TOI: 24.0 Surety/24.0000 Surety  
Product Name: CABAIL07  
Project Name/Number: /

First Filing Company: The North River Insurance Company, ...

## General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/15/2007	
State Status Changed: 08/15/2007	Deemer Date: 08/28/2007
Created By: Ruth Overholser	Submitted By: Ruth Overholser
Corresponding Filing Tracking Number:	

### Filing Description:

Our current rate for state bonds is 10% of the penal amount of the bond. We wish to amend our filing to offer an 8% charge for qualified union members, cases with private defense counsel, government employees and full collateral with Real Property. The 10% charge will remain the same for all others except federal bonds, which will remain at 12%. Please refer to the attached manual rule that reflects these revised rates.

In addition we are filing four endorsements for use with this program. Enclosed are copies of forms S-0099aNR, S-0099aUS, S-0099U and S-0099T.

## Company and Contact

### Filing Contact Information

Ruth A. Overholser, Regulatory Compliance ruth\_overholser@cfins.com  
Analyst  
305 MADISON AVENUE 973-490-6698 [Phone]  
MORRISTOWN, NJ 07962 973-490-6062 [FAX]

### Filing Company Information

The North River Insurance Company	CoCode: 21105	State of Domicile: New Jersey
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 22-1964135	

United States Fire Insurance Company	CoCode: 21113	State of Domicile: Delaware
305 MADISON AVENUE	Group Code: 158	Company Type:
MORRISTOWN, NJ 07962	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 13-5459190	

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

**BAIL BOND RATES**  
(revised)

**STATE OF CALIFORNIA**

**STATE BONDS:**

Bonds up to and including \$500 in liability:	\$50
Bonds in excess of \$500 in liability:	10% of the penal liability

**FEDERAL BONDS:**

Bonds up to and including \$350 in liability:	\$50
Bonds in excess of \$350 in liability:	12% of the penal liability

**QUALIFIED UNIONS, PRIVATE DEFENSE COUNSEL, GOVERNMENT EMPLOYEES AND FULL COLLATERAL WITH REAL PROPERTY**

Bonds up to and including \$600 in liability may be charged at \$50

Bonds in excess of \$600 in liability may be charged based on 8% of the penal liability

**Qualified Union** is any union in which the defendant or indemnitor are members.

**Private Defense Counsel** is any practicing defense attorney retained for or on behalf of a defendant in relation to the case this bail bond shall apply.

**Government Employee** is any defendant or indemnitor currently employed by a United States city, county, state or federal government agency.

**Full Collateral with Real Property** is any bond where the bail bond exposure is secured with real property with a unencumbered value in excess of 100% of the bail bond being executed.

# Exhibit 37

*The North River Insurance Company  
United States Fire Insurance Company  
**Form and rule filings 06-1938; 06-1939**  
Filed: March 11, 2006  
Effective: May 10, 2006  
Excerpted to include cover pages and rate schedule only.*

**SERFF Tracking #:** USPH-  
6MSK3C478/00-  
00/00-00/00

**State Tracking #:** 06-1938; 06-1939

**Company Tracking #:** USF/TNR-FRRU-2006CA

**State:** California

**First Filing Company:** The North River Insurance Company, ...

**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety

**Product Name:** USF-TNR-FRRU-BB-2006CA

**Project Name/Number:** USF/TNR-FRRU-BB-2006CA/USF/TNR-FRRU-BB-2006CA

## Filing at a Glance

Companies: The North River Insurance Company  
United States Fire Insurance Company

Product Name: USF-TNR-FRRU-BB-2006CA

State: California

TOI: 24.0 Surety

Sub-TOI: 24.0000 Surety

Filing Type: Form and/or Rule (No Rate Impact)

Date Submitted: 03/11/2006

SERFF Tr Num: USPH-6MSK3C478/00-00/00-00/00

SERFF Status: Closed-Approved

State Tr Num: 06-1938; 06-1939

State Status: Approved

Co Tr Num: USF/TNR-FRRU-2006CA

Effective Date: 06/15/2006

Requested (New):

Effective Date

Requested (Renewal):

Author(s):

Reviewer(s): Michael Jones (primary), Ken Allen

Disposition Date: 05/10/2006

Disposition Status: Approved

Effective Date (New): 06/15/2006

Effective Date (Renewal): 06/15/2006

**SERFF Tracking #:** USPH-  
6MSK3C478/00-  
00/00-00/00

**State Tracking #:** 06-1938; 06-1939

**Company Tracking #:** USF/TNR-FRRU-2006CA

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** USF-TNR-FRRU-BB-2006CA  
**Project Name/Number:** USF/TNR-FRRU-BB-2006CA/USF/TNR-FRRU-BB-2006CA

**First Filing Company:** The North River Insurance Company, ...

## General Information

Project Name: USF/TNR-FRRU-BB-2006CA  
Project Number: USF/TNR-FRRU-BB-2006CA  
Reference Organization:  
Reference Title:  
Filing Status Changed: 05/10/2006  
State Status Changed: 05/10/2006  
Created By: Mallika Mabbu  
Corresponding Filing Tracking Number:

Status of Filing in Domicile:  
Domicile Status Comments:  
Reference Number:  
Advisory Org. Circular:  
  
Deemer Date: 05/23/2006  
Submitted By: Mallika Mabbu

Filing Description:

## Company and Contact

### Filing Contact Information

Mallika Mabbu,  
10350 Richmond Avenue  
Suites 300 & 250  
Houston, TX 77042

mmabbu@FairmontSpecialty.com  
713-954-8357 [Phone]

### Filing Company Information

The North River Insurance  
Company  
305 Madison Avenue  
Morristown, NJ 07960  
(973) 490-6476 ext. [Phone]

CoCode: 21105  
Group Code: 158  
Group Name:  
FEIN Number: 22-1964135

State of Domicile: New Jersey  
Company Type:  
State ID Number:

United States Fire Insurance  
Company  
305 MADISON AVENUE  
MORRISTOWN, NJ 07962  
(973) 490-6476 ext. [Phone]

CoCode: 21113  
Group Code: 158  
Group Name:  
FEIN Number: 13-5459190

State of Domicile: Delaware  
Company Type:  
State ID Number:

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation: N



**BAIL SURETY**

The North River Insurance Company  
10777 Westheimer Road, Suite 500 (77042)  
P.O. Box 2807 - Houston, Texas 77252-2807  
(713) 954-8100 (713) 954-8389 FAX

(PLACE BAIL AGENT'S ADDRESS STAMP HERE)

# BAIL BOND RATES

THE FOLLOWING RATES WILL BE CHARGED ON BAIL BONDS:

CALIFORNIA BAIL BOND PREMIUMS WILL BE CHARGED  
AT A RATE OF **10% OF THE PENAL AMOUNT** OF THE BOND.

FEDERAL BAIL BOND PREMIUMS WILL BE CHARGED AT A RATE  
OF **12% OF THE PENAL AMOUNT OF THE BOND**.

MINIMUM PREMIUMS ARE AS FOLLOWS:

CALIFORNIA BAIL BONDS \$50.00

FEDERAL BAIL BONDS \$60.00

EFFECTIVE DATE OF THIS NOTICE \_\_\_\_\_ JULY 1, 1994 \_\_\_\_\_

## NOTE

These rates must be charged by ALL agents of THE NORTH RIVER INSURANCE COMPANY. These rates are for premium only, and do not include other expenses incurred, such as telephone, posting fees, appraisals or lot book reports, travel and other miscellaneous expenses.

**ALL AGENTS:** Please post this rate chart in public view in your office.

# Exhibit 38

*Philadelphia Reinsurance Corporation*

***New program filing 16-3207***

*Filed: May 27, 2016*

*Effective: August 2, 2016*

*Excerpted to include cover pages and rate schedule only.*

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** Bail Bonds Program  
**Project Name/Number:** New Program/PRC-SU-BB-CA-1601

**Filing Company:** Philadelphia Reinsurance Corporation

## Filing at a Glance

Company: Philadelphia Reinsurance Corporation  
 Product Name: Bail Bonds Program  
 State: California  
 TOI: 24.0 Surety  
 Sub-TOI: 24.0000 Surety  
 Filing Type: New Program  
 Date Submitted: 05/27/2016  
 SERFF Tr Num: PERR-130591758  
 SERFF Status: Closed-Approved  
 State Tr Num: 16-3207  
 State Status: Approved  
 Co Tr Num: PRC-SU-BB-CA-1601

Effective Date: On Approval  
 Requested (New):  
 Effective Date: On Approval  
 Requested (Renewal):

Author(s): Neresa Torres, Paula Rossman  
 Reviewer(s): Veronica Kaufman (primary), Jerome Tu  
 Disposition Date: 08/02/2016  
 Disposition Status: Approved  
 Effective Date (New): 08/02/2016  
 Effective Date (Renewal): 08/02/2016

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<b>State:</b>	California	<b>Filing Company:</b>	Philadelphia Reinsurance Corporation
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Bail Bonds Program		
<b>Project Name/Number:</b>	New Program/PRC-SU-BB-CA-1601		

---

## General Information

Project Name: New Program	Status of Filing in Domicile:
Project Number: PRC-SU-BB-CA-1601	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 08/02/2016	
State Status Changed: 08/02/2016	Deemer Date: 08/09/2016
Created By: Neresia Torres	Submitted By: Paula Rossman
Corresponding Filing Tracking Number:	

### Filing Description:

On behalf of Philadelphia Reinsurance Corporation ("PRC"), we are submitting this new bail bond program filing. The Company is filing an exact me-too of the rates of Seaview Insurance Company (CDI#: 11-6920) along with adding individuals who are members of Association of Retired Persons ("AARP") to the Qualified Bail Bonds section. In addition, our independent forms are attached to this submission for your review.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

## Company and Contact

### Filing Contact Information

Neresia Torres, State Filing Analyst III	ntorres@perrknight.com
401 Wilshire Blvd.	310-889-0950 [Phone]
Suite 300	
Santa Monica, CA 90401	

### Filing Company Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Philadelphia Reinsurance Corporation	CoCode: 12319	State of Domicile:
1801 Market Street Suite 500	Group Code: 31	Pennsylvania
Philadelphia, PA 19103	Group Name: Berkshire Hathaway Inc	Company Type:
(402) 916-3000 ext. [Phone]	FEIN Number: 23-1620930	State ID Number:

---

## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

## State Specific

Variance Requested? (Yes/No): No

## **PHILADELPHIA REINSURANCE CORPORATION**

### **Bail Bond Rate & Risk Classification Criteria**

The following rates will be charged on all bail bonds

State of California

#### **State Bonds:**

All bail bonds, except Qualified Bail Bonds as defined below, are to be rated as follows:

- Bonds up to and including \$499.00 in liability will be charged \$50.00.
- Bonds over \$499.00 in liability will be charged 10% of the penal amount.

#### **Qualified Bail Bonds:**

Bail bonds may be qualified for preferred rating in the following circumstances:

- Individuals who have retained counsel;
- Individuals who are members of a qualified labor union;
- Individuals who are members of Association of Retired Persons ("AARP"); and
- Individuals who are active duty members of the U.S. Armed Services, who are veterans of the U.S. Armed Services, and who are immediate families of active duty and veteran members of the U.S. Armed Services. Immediate families are defined as parents, children, and spouses.

Qualified Bail Bonds are to be rated as follows:

- Bonds up to and including \$600.00 in liability will be charged \$50.00.
- Bonds over \$600.00 in liability will be charged 8% of the penal amount.

#### **Bail Bond Minimum Premium:**

A minimum premium charge of \$50.00 applies per bond.

# Exhibit 39

*Ulico Standard of America (Seaveiw Surety Holding, Inc.)*

***New program filing 11-6920***

*Filed: July 29, 2011*

*Effective: October 18, 2011*

*Excerpted to include cover pages and rate schedule only.*

PRIOR APPROVAL RATE APPLICATION

Completed by: Francis E. Laurice

Date: 7/18/2011

Your File #: \_\_\_\_\_

( 15 Characters Maximum)

☐ SERFF ☐ CD (plus 1 paper copy)

☒ Paper (1 original plus 1 copy) *4*

Does this filing include a variance request? No ☐

Is this a variance request submitted after the prior approval application to which it applies? No ☐

If yes, provide the applicable CDI File Number: \_\_\_\_\_

Does this file contain group data? No ☐

Note: Complete page 2 if this is a group filing

Is this a specialty filing? No ☐

Latest applicable CDI file number in this line, subline and/or program: \_\_\_\_\_

Company Name Ulico Standard of America Casualty Company

NAIC Company Code 10004

Group Name Pending

NAIC Group Code Pending

Organized under the Laws of the State of California

DEPARTMENT USE ONLY

Filing No.: 11-6920

SERFF No.: N/A

Date Filed: 7/29/11

Compliance Date: 8/11/11

Date Public Notified: AUG 19 2011

Deemer Date: OCT 18 2011

Intake Analyst: ZAMUDIOM

Bureau & Senior: LAS-TU-J.

Group Filing: Yes ☐ No ☒

X-Reference No.: \_\_\_\_\_

☐ Rate ☒ New Program ☐ Rule

☐ Form ☐ Variance ☒ % Change

Line Type COMMERCIAL ☐

Line of Insurance: SURETY ☐

Subline None

Program not

Home Office 1959 Palomar Oaks Way, Suite 200, Carlsbad, CA 92011

Name and Title of Contact Person Francis E. Lauricella, Jr.

Toll Free Phone No.: 415 931-9447

Fax No.: 415 358-5874

Email Address hlauricella@fl-advisors.com

Mailing Address 475 Gate 5 Road, Suite 320, Sausalito, CA 94965

RATE FILING BUREAU-SF

JUL 29 2011  
STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

I declare under penalty of perjury under the laws of the State of California, that the information filed is true, complete, and correct

Francis E. Lauricella, Jr.  
Authorized Signature

July 18, 2011

Date of Filing

415 931-9447

Telephone Number

Important note: Refer to CDI website at <http://www.insurance.ca.gov/0250-insurers/0800-rate-filings/> for the most current rate template and prior approval factors.

**DEPARTMENT OF INSURANCE****Legal Division, Corporate Affairs Bureau**45 Fremont Street, 24th Floor  
San Francisco, CA 94105Rafael H. Gutierrez  
Senior Staff Counsel  
TEL 415-538-4402  
E-Mail [Rafael.Gutierrez@insurance.ca.gov](mailto:Rafael.Gutierrez@insurance.ca.gov)  
[www.insurance.ca.gov](http://www.insurance.ca.gov)

May 17, 2011

Robert J. Cerny, Esq.  
BARGER & WOLEN LLP  
633 West 5<sup>th</sup> Street, 47<sup>th</sup> Floor  
Los Angeles, CA 90071

**SUBJECT:** Ulico Standard of America Casualty Company (a California Corporation)  
- Form A Filing Pursuant to California Insurance Code Section 1215.2,  
Regarding the Acquisition of Control of Ulico Standard of America  
Casualty Company, by Seaview Surety Holding, LLC (a California LLC)  
- IDB # 11-2649; File #APP-2011-00470

Dear Mr. Cerny:

By letter dated March 14, 2011, Seaview Surety Holding, Inc. (hereinafter "Seaview"), filed the above subject application, accepted for filing on March 16, 2011, by the California Department of Insurance. Seaview is asking for consent, pursuant to California Insurance Code Section 1215.2, to acquire the issued and outstanding shares of Ulico Standard of America Casualty Company (hereinafter "Ulico"), from Ullico Inc. (hereinafter "Seller"). Seaview will acquire all of the 1,000 issued and outstanding shares of common stock, of Ulico, with a par value of \$3,000.00 per share, for approximately \$5,800,000.00, in cash (US Currency). The effective date of the acquisition will be prior to June 30, 2011.

Based upon the information provided in support of this application, the acquisition of control of Ulico, by Seaview, as described in this application, is hereby approved. This approval is hereby granted pursuant to the authority of California Insurance Code Section 1215.2 only, and does not constitute, signify or imply review or approval under any other California Insurance Code section or any other California Law. Please provide the Department of Insurance, a letter confirming the sale and transfer of Ulico shares from Seller to Seaview, within 30 days of the completion of the transaction.

Very truly yours,

A handwritten signature in black ink, appearing to read "Rafael H. Gutierrez", is written over a horizontal line.  
Rafael H. Gutierrez  
Senior Staff Counsel

Robert J. Cerny, Esq.  
May 17, 2011  
Page 2

cc: Louis Quan, FAD-LA  
Ann Tang, FAD-LA  
Himelda Briones, FAD-LA  
Lucia Feng, FAD-LA

## *Ulico Standard of America Casualty Company*

July 18, 2011

The Honorable Dave Jones  
Commissioner of Insurance  
California State Department of Insurance  
45 Fremont Street  
San Francisco, CA 94105

Attn: Filings Intake

Re: Ulico Standard of America Casualty Company NAIC: 10004  
Surety – Bail Bond Rate & Rule  
Prior Approval Submission  
Company Filing Number:

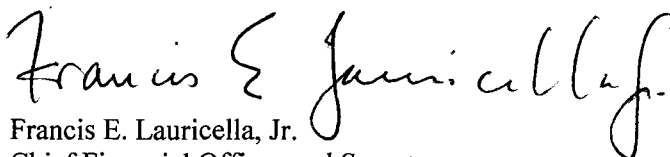
Ulico Standard of America Casualty Company herein submits for review and approval bail bond rates for inclusion with our currently approved surety underwriting plan.

These rates are an adoption of current bail bond rates approved for use by Danielson National Insurance Company, filing CDI 08-1743.

Bail bond rates are submitted for your review as a manual exception page. The manual page, an explanatory memorandum, and verification of the previously approved filing are included for your review.

Enclosed are two copies of this submission and an acknowledgement copy cover. Please contact me directly by phone or email if you require further information or if you have any questions. Your assistance with this submission is greatly appreciated

Sincerely,



Francis E. Lauricella, Jr.  
Chief Financial Officer and Secretary  
Ulico Standard of America Casualty Company  
415 332-4700 Office  
415 358-5874 Fax  
415 730-8945 Cell

RATE FILING BUREAU--SF  
JUL 20 2011  
STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

**ULICO STANDARD OF AMERICA  
CASUALTY COMPANY**

**TWO JINN, INC.**  
**GENERAL AGENT**  
1959 Palomar Oaks Way, Suite 200  
Carlsbad, CA 92009  
Telephone (800) 808-2245 Fax (760) 431-2698

(PLACE BAIL AGENT'S ADDRESS STAMP HERE)

## **BAIL BOND RATES**

THE FOLLOWING RATES WILL BE CHARGED ON ALL BAIL BONDS:

State of California

State Bonds

Bonds up to and including \$499.00 in liability  
will be charged \$50.00, **plus \$15.00**

Bonds over \$499.00 in liability will be charged  
10% of the penal amount, **plus \$15.00**

Qualified Unions and Private Defense Counsel, Active Duty members  
of the United States Military Armed Forces, Veterans of the United  
States Military Armed Forces and Immediate Families of Active Duty  
and Veteran Members of the Military Armed Forces.

Bonds up to and including \$600.00 in liability  
will be charged \$50.00, **plus \$15.00**

Bonds over \$600.00 in liability will be charged  
8% of the penal amount, **plus \$15.00**

A MINIMUM PREMIUM CHARGE OF \$50.00 APPLIES PER BOND. THE \$15.00  
SHOULD NOT BE INCLUDED IN THE CALCULATION OF THE MINIMUM PREMIUM

### **NOTE**

**These rates must be charged by ALL agents of  
ULICO STANDARD OF AMERICA CASUALTY COMPANY  
These rates are for premium only, and do not  
include other expenses incurred, such as tele-  
phone, posting fees, appraisals or lot book  
reports, travel and other miscellaneous expenses.**

**ALL AGENTS:** Please post this rate chart where it can be seen by the public.

## *Ulico Standard of America Casualty Company*

### **Bail Bond Rate & Risk Classification Criteria**

#### **The Following Rates Will Be Charged On All Bail Bonds**

#### **State of California**

##### **State Bonds:**

All bail bonds, except Qualified Bail Bonds as defined below, are to be rated as follows:

- Bonds up to and including \$499.00 in liability will be charged \$50.00, plus \$15.00
- Bonds over \$499.00 in liability will be charged 10% of the penal amount, plus \$15.00

##### **Qualified Bail Bonds:**

Bail bonds may be qualified for preferred rating in the following circumstances:

- Individuals who have retained counsel;
- Individuals who are members of a qualified labor union; and
- Individuals who are active duty members of the U.S. Armed Services, who are veterans of the U.S. Armed Services, and who are immediate families of active duty and veteran members of the U.S. Armed Services. Immediate families are defined as parents, children, and spouses.

Qualified Bail Bonds are to be rated as follows:

- Bonds up to and including \$600.00 in liability will be charged \$50.00, plus \$15.00
- Bonds over \$600.00 in liability will be charged 8% of the penal amount, plus \$15.00

##### **Bail Bond Minimum Premium:**

A minimum premium charge of \$50.00 applies per bond. The \$15.00 is not included in the calculation of the minimum premium.

# Exhibit 40

*Seneca Insurance Company*

***Rule filing 18-3953***

*Filed: July 24, 2018*

*Effective: October 3, 2018*

*Excerpted to include cover pages and rate schedule only.*

---

<b>State:</b>	California	<b>Filing Company:</b>	Seneca Insurance Company, Inc.
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	2018 Bail Bond Rate Filing		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	Seneca Insurance Company, Inc.
Product Name:	2018 Bail Bond Rate Filing
State:	California
TOI:	24.0 Surety
Sub-TOI:	24.0000 Surety
Filing Type:	Rate
Date Submitted:	07/24/2018
SERFF Tr Num:	CRUM-131591082
SERFF Status:	Closed-Approved
State Tr Num:	18-3953
State Status:	Approved
Co Tr Num:	2018 BAIL RATE

Effective Date	On Approval
Requested (New):	
Effective Date	On Approval
Requested (Renewal):	
Author(s):	
Reviewer(s):	Tina Zhao (primary), Ed Lin
Disposition Date:	10/03/2018
Disposition Status:	Approved
Effective Date (New):	10/03/2018
Effective Date (Renewal):	10/03/2018

<b>State:</b>	California	<b>Filing Company:</b>	Seneca Insurance Company, Inc.
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	2018 Bail Bond Rate Filing		
<b>Project Name/Number:</b>	/		

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/03/2018	
State Status Changed: 10/03/2018	Deemer Date: 10/02/2018
Created By: Katherine O'Gorman	Submitted By: Katherine O'Gorman
Corresponding Filing Tracking Number:	

### Filing Description:

On behalf of the listed company, we are filing to mirror our various companies' filed rates that are named in the rate guidelines for Bail Bonds in Seneca Insurance Company, Inc.

Please see the Explanatory Memorandum which provides further detail.

Please note that this is a re submission of filing number CRUM-131583144.

If you have any questions, please feel free to contact me.

Katherine O'Gorman | State Filings Specialist, Product Management  
Crum & Forster  
305 Madison Avenue | Morristown, NJ 07960 | United States  
t +1.973.490.6553  
Katherine.O'Gorman@cfins.com | www.cfins.com

## Company and Contact

### Filing Contact Information

Katherine O'Gorman, State Filings Specialist	KO'Gorman@cfins.com
305 Madison Ave	973-490-6553 [Phone]
Morristown, NJ 07960	973-490-6062 [FAX]

### Filing Company Information

Seneca Insurance Company, Inc.	CoCode: 10936	State of Domicile: New York
160 Water Street	Group Code: 158	Company Type:
New York, NY 10038-1998	Group Name:	State ID Number:
(212) 344-3000 ext. [Phone]	FEIN Number: 13-2941133	

## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** 2018 Bail Bond Rate Filing  
**Project Name/Number:** /

**Filing Company:** Seneca Insurance Company, Inc.

## State Specific

Variance Requested? (Yes/No): N/A

# BAIL BOND RATES

## CALIFORNIA

### STATE BONDS

### CHARGE

- A. BONDS UP TO AND INCLUDING \$500.00  
IN LIABILITY..... \$50.00
- B. BONDS IN EXCESS OF \$500.00 IN LIABILITY..... 10% OF THE PENAL AMOUNT

### FEDERAL BONDS

### CHARGE

- C. BONDS UP TO AND INCLUDING \$350.00  
IN LIABILITY..... \$50.00
- D. BONDS IN EXCESS OF \$350.00 IN LIABILITY..... 12% OF THE PENAL AMOUNT

### QUALIFIED UNIONS, PRIVATE DEFENSE COUNSEL, GOVERNMENT EMPLOYEES AND FULL COLLATERAL WITH REAL PROPERTY

Bonds up to and including \$600.00 in liability may be charged at \$50.00

Bonds in excess of \$600.00 in liability may be charged based on 8% of the penal liability

**Qualified Union** is any union in which the defendant or indemnitor are members.

**Private Defense Counsel** is any practicing defense attorney retained for or on behalf of a defendant in relation to the case this bail bond shall apply.

**Government Employee** is any defendant or indemnitor currently employed by a United States city, county, state or federal government agency.

**Full Collateral with Real Property** is any bond where the bail bond exposure is secured with real property with a unencumbered value in excess of 100% of the bail bond being executed.

### ATTORNEY REFERRALS WITH FULL PREMIUM

Bonds up to and including \$700.00 in liability may be charged at \$50.00

Bonds in excess of \$700.00 in liability may be charged based on 7% of the penal liability

### **NOTE**

THESE RATES MUST BE CHARGED BY ALL AGENTS OF **UNITED STATES FIRE INSURANCE COMPANY, THE NORTH RIVER INSURANCE COMPANY, CRUM & FORSTER INDEMNITY COMPANY AND SENECA INSURANCE COMPANY, INC.**

\*FEDERAL BOND RATES ONLY APPLY TO **UNITED STATES FIRE INSURANCE COMPANY** AND **SENECA INSURANCE COMPANY, INC.**

United States Fire Insurance Company  
The North River Insurance Company  
Crum & Forster Indemnity Company  
Seneca Insurance Company, Inc.

# Exhibit 41

*Seneca Insurance Company*

***Rule filing 07-6650***

*Filed: October 18, 2007*

*Effective: December 25, 2007*

*Excerpted to include cover pages and rate schedule only.*

PRIOR APPROVAL RATE APPLICATION

Completed by: Lois D. Noia

Date: 10/16/2007

Your File #: 2007-01-CA  
( 15 Characters Maximum)

☐ SERFF ☐ CD (plus 1 paper copy) ☒ Paper (1 original plus 1 copy)

Does this filing include a variance request?

Is this a variance request submitted after the prior approval application to which it applies?

If yes, provide the applicable CDI File Number: \_\_\_\_\_

Does this file contain group data?

[Note: Complete page 2 if this is a group filing]

Is this a specialty filing?

Latest applicable CDI file number in this line, subline and/or program:  
05-1194

Company Name Seneca Insurance Company, Inc.

NAIC Company Code 10936

Group Name \_\_\_\_\_

NAIC Group Code \_\_\_\_\_

Organized under the Laws of the State of New York

Line Code for this Line of Insurance:

Line of Insurance: Commercial Surety

Subline Bail Bonds OTHER

Program Bail Bonds

Home Office 160 Water Street New York, New York 10038

Name and Title of Contact Person Lois D. Noia, Manager

Toll Free Phone No.: \_\_\_\_\_ Fax No.: 212-344-4567

Email Address lnuia@senecainsurance.com

Mailing Address 160 Water Street New York, New York 10038

I declare under penalty of perjury under the laws of the State of California, that the information filed is true, complete, and correct

Lois D. Noia  
Authorized Signature

October 16, 2007  
Date of Filing

212-277-3520  
Telephone Number

Important note: Refer to CDI website at <http://www.insurance.ca.gov/0250-insurers/0800-rate-filings/> for the most current rate template and prior approval factors.



160 WATER ST., NEW YORK, NY 10038  
(212) 344-3000

By Federal Express Mail

October 16, 2007

State of California Department of Insurance  
Rate Regulation Branch  
300 South Springs Street  
Los Angeles, California 90013

Attention: Mr. Raul Rojo

RE: Seneca Insurance Company, Inc./N.A.I.C. #10936  
Company File No.: 2007-01-CA  
Line of Insurance: Commercial Surety  
Program: Bail Bonds  
Manual Rule Revision

RECEIVED 10/16/07  
OCT 16 2007  
STATE OF CALIFORNIA  
DEPT. OF INSURANCE

Dear Mr. Rojo:

This is in response to your October 2, 2007 e-mail regarding our captioned filing dated September 20, 2007. Enclosed please find our original Prior Approval Rate Application plus one copy as required.

Our existing Bail Bond program provides for an 8% rate for qualified union members and private defense counsel. We wish to also provide the 8% rate to government employees. This is a manual rule revision with no rate impact.

We are proposing an effective date coincide with your approval of this filing.

For your convenience, enclosed is a postage pre-paid return envelope for the return of a copy of this letter with your approval noted thereon.

Yours very truly,

A handwritten signature in cursive script, appearing to read "Lois D. Noia".

Lois D. Noia  
Manager  
State Filings Department

FAX LINES

H.O. EXECUTIVE (212) 344-4567  
TECHNICAL LINES (212) 344-4488  
EXCESS & SURPLUS (212) 344-4545

H.O. CLAIMS  
INLAND MARINE

(212) 422-7541  
(212) 344-4488

STAFF COUNSEL (212) 422-7532  
NEW YORK BRANCH (212) 344-4545  
DIRECTORS & OFFICERS (212) 344-4567

**SENECA INSURANCE COMPANY, INC.**

**BAIL BOND RATES**

**STATE OF CALIFORNIA**

**THE FOLLOWING RATES WILL BE CHARGED ON ALL BAIL BONDS**

**PREMIUMS WILL BE CHARGED AT A RATE OF 8% FOR QUALIFIED  
UNIONS, PRIVATE DEFENSE COUNSEL AND GOVERNMENT EMPLOYEES**

**PREMIUMS WILL BE CHARGED AT A RATE OF 10% OF THE PENAL  
AMOUNT OF THE BOND – GENERAL**

**FEDERAL BONDS WILL BE CHARGED AT THE RATE OF 12% OF THE  
PENAL AMOUNT OF THE BOND**

**A MINIMUM PREMIUM CHARGE OF \$50.00 APPLIES TO ALL BONDS**

**NOTE**

**THESE RATES MUST BE CHARGED BY ALL AGENTS OF SENECA INSURANCE  
COMPANY, INC. THESE RATES ARE FOR PREMIUM ONLY AND DO NOT  
INCLUDE OTHER EXPENSES INCURRED SUCH AS TELEPHONE,  
PHOTOGRAPHS, POSTING FEES, WRITS, TRAVEL AND OTHER  
MISCELLANEOUS EXPENSES.**

**SEN-CA-BB-01 (REVISED 9/2007)**

# Exhibit 42

*Seneca Insurance Company*

***Rule filing 05-1194***

*Filed: February 1, 2005*

*Effective: April 12, 2005*

*Excerpted to include cover pages and rate schedule only.*

## DEPARTMENT OF INSURANCE

RATE REGULATION BRANCH

300 SOUTH SPRING STREET

LOS ANGELES, CA 90013

www.insurance.ca.gov

LAV



March 30, 2005

FILE SCANNED

DATE: 06-28-07

INITIALS: M

Seneca Insurance Company  
attn.: Lois D. Noia  
160 Water Street  
New York, New York 10038

## RE: APPROVAL OF APPLICATION

SENECA INSURANCE COMPANY has submitted the following application for approval regarding the following line of business or program:

**CDI App. No(s):** 05-1194  
**Insurer File No(s):** 2005-01-CA  
**Line(s) of Insurance:** Commercial Surety  
**Program:** Bail Bond  
**% Rate Change Approved:** -4%

Only the change(s) specifically indicated in the application set forth above, as it may have been amended, is (are) approved. Nothing in this letter shall constitute approval of any other application, whether incorporated by reference, or filed prior or subsequent to the application set forth above. SENECA INSURANCE COMPANY shall begin issuing policies pursuant to this approval within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. SENECA INSURANCE COMPANY may implement this approval earlier if it is able to do so. Regardless of the implementation date, SENECA INSURANCE COMPANY shall implement this approval with the same effective date for both new and renewal business and shall offer this product to all eligible applicants as of the implementation date. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced lines or programs may be approved or ordered by the Insurance Commissioner.

If the approved rate change is different than originally submitted, please be reminded that you must submit copies of rate pages at the approved level within 30 days.

If any portion of the application or related documentation conflicts with California law, that portion is specifically not approved. This approval does not constitute an approval of underwriting guidelines nor the specific language, coverages, terms, covenants and conditions contained in any forms, or of the forms themselves. Policy forms and underwriting guidelines included in this filing were reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance. Any subsequent changes to underwriting guidelines or coverages, terms, covenants and conditions contained in any forms must be submitted with supporting documentation when those changes result in any rating impact. The Commissioner may at any time take any action allowed by law if he determines that any underwriting guidelines, forms or procedures for application of rates, or any other portions of the application conflict with any applicable laws or regulations.

Sincerely,

Douglas G. Barker, J.D.  
Bureau Chief, LA-3 Rate Filing Bureau  
Telephone: (213) 346-6786  
Facsimile: (213) 897-6181  
E-Mail: BarkerD@insurance.ca.gov

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)

APPLICATION FOR APPROVAL OF  
INSURANCE RATES

Your file #: 2005-01-CA  
(15 characters maximum)

☒ Original ☒ Copy 1 ☒ Copy 2

Does this file contain group data? Yes ☐ No ☒

Is this a specialty filing? Yes ☐ No ☒

**Note: A separate CA-RA1 page must be submitted  
for each company within a group filing.**

Latest applicable CDI File No. in this Line,  
Subline, and/or Program:

Surety- Bail Bond

Company Name Seneca Insurance Company Group Name \_\_\_\_\_

NAIC Company Code 10936 NAIC Group Code \_\_\_\_\_

Organized Under the Laws of the State of New York

Line of Insurance Surety - Bail Bond Subline Bail Bond  
(as it appears in CA-RA3) (as it appears in CA-RA3)

Home Office 160 Water Street New York, New York 10038  
Program Bail Bond

Main Administrative Office in California not applicable

Name and Title of Contact Person Lois D. Noia

Toll Free Phone No.: ( ) - - Fax No.: (212) 344 - 4567

**If not available, collect calls will be made.**

Internet Address (if available) lnoia@senecainsurance.com

Mail Address 160 Water Street New York, New York 10038

I declare under penalty of perjury, under the laws of the State of California, that the information filed is true,  
complete, and correct.

Lois D. Noia January 24, 2005 (212) 277-3520  
Authorized Signature Date of Filing Telephone Number

Department Use Only

FILING NO.: 05-1194

DATE FILED: FEB 01 2005

COMPLIANCE DATE: FEB 03 2005

DATE PUBLIC NOTIFIED: FEB 11 2005

DEEMER DATE: APR 12 2005

INTAKE ANALYST: ZAMUDZ

BUREAU CODE & SR.: LA3-Allen K.

For Group Filing Yes No

X-Reference #: \_\_\_\_\_

Rate New Program Rule Form  
Both Rate & Form Class Plan

PERCENT CHANGE -4.00 %

RATE FILING BUREAU-SF

FEB 01 2005

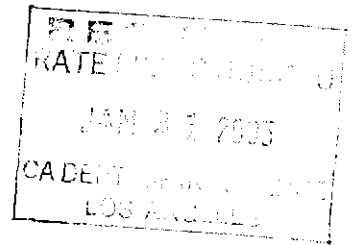
STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE



160 WATER ST., NEW YORK, NY 10038  
(212) 344-3000

By Federal Express Mail

January 24, 2005



State of California  
Department of Insurance  
Rate Regulation Branch  
300 South Springs Street  
Los Angeles, California 90013

RE: Seneca Insurance Company, Inc.  
N.A.I.C. #10936  
Company File No.: 2005-01-CA  
Line of Insurance: Commercial Surety  
Program: Bail Bonds

RATE FILING BUREAU—S  
FEB 01 2005  
STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

To Whom It May Concern:

Seneca Insurance Company, Inc. wishes to amend its currently filed bail bond rate schedule, as approved by the Department of Insurance under CDI App. No.: 03-5751.

Seneca's current rate for state bonds is 10% of the penal amount of the bond. We wish to amend our filing to offer an 8% charge for qualified union members and cases with private defense counsel; the 10% charge will remain the same for all others except federal bonds, which will remain at 12%.

We are proposing an effective date of March 1, 2005. Enclosed please find manual page SEN-CA-BB-01 (Revised), as well as the required filing transmittal forms.

For your convenience, enclosed is a postage pre-paid return envelope for the return of a copy of this letter with your approval noted thereon.

Yours very truly,

Lois D. Noia, Manager  
State Filings Department

FAX LINES

H.O. EXECUTIVE (212) 344-4567  
TECHNICAL LINES (212) 344-4488  
EXCESS & SURPLUS (212) 344-4545

H.O. CLAIMS  
INLAND MARINE

(212) 422-7541  
(212) 344-4488

STAFF COUNSEL (212) 422-7532  
NEW YORK BRANCH (212) 344-4545  
DIRECTORS & OFFICERS (212) 344-4567

SENECA INSURANCE COMPANY, INC.

BAIL BOND RATES

STATE OF CALIFORNIA

THE FOLLOWING RATES WILL BE CHARGED ON ALL BAIL BONDS

PREMIUMS WILL BE CHARGED AT A RATE OF 8% FOR QUALIFIED UNIONS  
AND PRIVATE DEFENSE COUNSEL

PREMIUMS WILL BE CHARGED AT A RATE OF 10% OF THE PENAL  
AMOUNT OF THE BOND – GENERAL

FEDERAL BONDS WILL BE CHARGED AT THE RATE OF 12% OF THE  
PENAL AMOUNT OF THE BOND

A MINIMUM PREMIUM CHARGE OF \$50.00 APPLIES TO ALL BONDS

NOTE

THESE RATES MUST BE CHARGED BY ALL AGENTS OF SENECA INSURANCE  
COMPANY, INC. THESE RATES ARE FOR PREMIUM ONLY AND DO NOT  
INCLUDE OTHER EXPENSES INCURRED SUCH AS TELEPHONE,  
PHOTOGRAPHS, POSTING FEES, WRITS, TRAVEL AND OTHER  
MISCELLANEOUS EXPENSES.

SEN-CA-BB-01 (REVISED)

# Exhibit 43

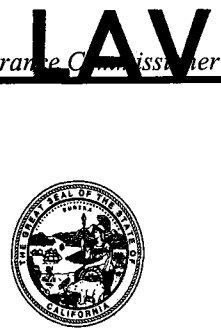
*Seneca Insurance Company*

***Rule filing 03-5751***

*Filed: August 4, 2003*

*Effective: October 21, 2003*

*Excerpted to include cover pages and rate schedule only.*

**DEPARTMENT OF INSURANCE**

RATE REGULATION BRANCH  
300 SOUTH SPRING STREET  
LOS ANGELES, CA 90013  
www.insurance.ca.gov

**FILE SCANNED**  
**DATE:** 03-20-08  
**INITIALS:** M

October 17, 2003

Seneca Insurance Company  
Attn.: Lois McGovern  
160 Water Street  
New York, New York 10038

**RE: APPROVAL OF APPLICATION**

SENECA INSURANCE COMPANY has submitted the following application for approval regarding the following line of business or program:

<b><u>CDI App. No(s):</u></b>	03-5751
<b><u>Insurer File No(s):</u></b>	2003-01-CA
<b><u>Line(s) of Insurance:</u></b>	Surety
<b><u>Program:</u></b>	Bail Bonds
<b><u>% Rate Change Approved:</u></b>	-1%

Only the change(s) specifically indicated in the application set forth above, as it may have been amended, is (are) approved. Nothing in this letter shall constitute approval of any other application, whether incorporated by reference, or filed prior or subsequent to the application set forth above. SENECA INSURANCE COMPANY shall begin issuing policies pursuant to this approval within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. SENECA INSURANCE COMPANY may implement this approval earlier if it is able to do so. Regardless of the implementation date, SENECA INSURANCE COMPANY shall implement this approval with the same effective date for both new and renewal business and shall offer this product to all eligible applicants as of the implementation date. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced lines or programs may be approved or ordered by the Insurance Commissioner.

If the approved rate change is different than originally submitted, please be reminded that you must submit copies of rate pages at the approved level within 30 days.

If any portion of the application or related documentation conflicts with California law, that portion is specifically not approved. This approval does not constitute an approval of underwriting guidelines nor the specific language, coverages, terms, covenants and conditions contained in any forms, or of the forms themselves. Policy forms and underwriting guidelines included in this filing were reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance. Any subsequent changes to underwriting guidelines or coverages, terms, covenants and conditions contained in any forms must be submitted with supporting documentation when those changes result in any rating impact. The Commissioner may at any time take any action allowed by law if he determines that any underwriting guidelines, forms or procedures for application of rates, or any other portions of the application conflict with any applicable laws or regulations.

Sincerely,

A handwritten signature in black ink, appearing to read 'Doug Barker', written over a horizontal line.

Douglas G. Barker, J.D.  
Bureau Chief, LA-3 Rate Filing Bureau  
Telephone: (213) 346-6786  
Facsimile: (213) 897-6181  
E-Mail: [BarkerD@insurance.ca.gov](mailto:BarkerD@insurance.ca.gov)

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)

FILE & USE APPLICATION FORM

Your file #: 2003-01-CA

☒ Original ☒ Copy 1 ☒ Copy 2

Is this a group filing? Yes ☐ No ☒

Note: A separate CA-RA1 page must be  
Submitted for each company within a  
Group filing.

Latest applicable CDI File No. in this  
Line, Subline and/or Program:

97-10732

Department Use Only	
FILING NO.:	<u>03-5751</u>
Compliance Date	
LINE CODE:	<u>AUG 14 2003</u>
DATE FILED:	<u>AUG -4 2003</u>
DEEMER DATE	
DATE PROCESSED:	<u>OCT 21 2003</u>
PUBLIC NOTICE DATE:	<u>Aug 22, 2003</u>
INTAKE ANALYST:	<u>ROJORA</u>
BUREAU CODE & SR.:	<u>LA3 allen</u>
For Group Filing Only	
X-Reference #:	
Remarks:	
<u>Rate 10%</u>	

Company Name SENECA INSURANCE COMPANY, INC. Group Name \_\_\_\_\_

NAIC Company Code 10936 NAIC Group Code \_\_\_\_\_

Organized Under the Laws of the State of NEW YORK

Line of Insurance COMMERCIAL SURETY Subline BAIL BONDS Other  
(as it appears in CA-RA3) (as it appears in the Annual Statement)

Program BAIL BONDS

Home Office 160 WATER STREET NEW YORK, NEW YORK 10038

Main Administrative Office in California NONE

Name and Title of Contact Person LOIS D. MCGOVERN MANAGER

Toll Free Phone No.: (212) 277-3520 Fax No.: (212) 344-4567  
If not available, collect calls will be made.

Mailing Address 160 WATER STREET NEW YORK, NEW YORK 10038

I declare under penalty of perjury, under the laws of the State of California, that the  
information filed is true, complete, and correct.

Lois D. McGovern JULY 31, 2003 (212) 277-3520  
Authorized Signature Date of Filing Telephone Number

RATE FILING BUREAU - CF

AUG 04 2003



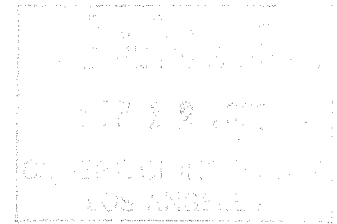
160 WATER ST., NEW YORK, NY 10038  
(212) 344-3000

By Facsimile  
(213) 346-6781

September 16, 2003

State of California  
Department of Insurance  
Rate Regulation Branch  
300 South Spring Street  
Los Angeles, California 90013

Attention: Lisa L. Bass, CPCU, CPIW  
Associate Insurance Rate Analyst



RE: Company File No. 03-5751  
CDI Filing No.: 03-5751  
Public Notice Date: August 22, 2003  
Line of Insurance: Commercial Surety  
Program: Bail Bonds

Dear Ms. Bass:

This is in response to our telephone conversation last week regarding our captioned filing. To reiterate, the proposed rates in our original bail bond rate filing [CDI App. No.: 97-10732] were 10% of the penal amount of the bond plus \$10. on all State Bonds. We wish to amend our filing to eliminate the additional \$10 premium.

The California Department of Insurance recently completed its market conduct examination of Seneca's bail bond business as of December 31, 2002. We were cited for rating errors consisting of instances where agents failed to charge bond premium in conformity with the company's filed and approved rates. [agents were not charging the additional \$10.] We advised the Examiner that to promote compliance we intended to file a new premium rate to eliminate the current additional \$10. charge.

Inasmuch as this is not a major rate revision, we agreed that we would complete the required transmittal forms as best we could. Enclosed please find the required forms and manual rate page. We will also file paper copies of this filing as required.

FAX LINES

H.O. EXECUTIVE (212) 344-4567  
TECHNICAL LINES (212) 344-4488

H.O. CLAIMS (212) 422-7541  
INLAND MARINE (212) 344-4488

(212) 422-7532  
(212) 344-4545

STAFF COUNSEL (212) 422-7532  
NEW YORK BRANCH (212) 344-4545

Please call the undersigned at (212) 277-3520 if you require anything further at this time.

Yours very truly,

A handwritten signature in black ink, appearing to read "Lois D. McGovern", with a long horizontal flourish extending to the right.

Lois D. McGovern

Manager

State Filings Department

Filing Number: 2003-01-CA

SENECA INSURANCE COMPANY, INC.

BAIL BOND RATES

STATE OF CALIFORNIA

THE FOLLOWING RATES WILL BE CHARGED ON ALL BAIL BONDS

PREMIUMS WILL BE CHARGED AT A RATE OF 10% OF THE PENAL AMOUNT  
OF THE BOND

FEDERAL BONDS WILL BE CHARGED AT THE RATE OF 12% OF THE PENAL  
AMOUNT OF THE BOND

A MINIMUM PREMIUM CHARGE OF \$50.00 APPLIES TO ALL BONDS.

NOTE

THESE RATES MUST BE CHARGED BY ALL AGENTS OF SENECA INSURANCE  
COMPANY, INC. THESE RATES ARE FOR PREMIUM ONLY AND **DO NOT**  
INCLUDE OTHER EXPENSES INCURRED SUCH AS TELEPHONE,  
PHOTOGRAPHS, POSTING FEES, WRITS, TRAVEL AND OTHER  
MISCELLANEOUS EXPENSES.

SEN-CA-BB-01  
OCTOBER 1, 2003

# Exhibit 44

*Sun Surety Insurance Company*

***Rule filing 17-20***

*Filed: December 22, 2016*

*Effective: February 22, 2017*

*Excerpted to include cover pages and rate schedule only.*

---

<b>State:</b>	California	<b>Filing Company:</b>	Sun Surety Insurance Company
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Bail Bonds		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	Sun Surety Insurance Company
Product Name:	Bail Bonds
State:	California
TOI:	24.0 Surety
Sub-TOI:	24.0000 Surety
Filing Type:	Rule
Date Submitted:	12/22/2016
SERFF Tr Num:	SSIC-130854756
SERFF Status:	Closed-Approved
State Tr Num:	17-20
State Status:	Approved
Co Tr Num:	SSIC-CA-RF-02
Effective Date	On Approval
Requested (New):	
Effective Date	
Requested (Renewal):	
Author(s):	Kelly Adams
Reviewer(s):	Ed Lin (primary)
Disposition Date:	02/22/2017
Disposition Status:	Approved
Effective Date (New):	02/22/2017
Effective Date (Renewal):	02/22/2017

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** Bail Bonds  
**Project Name/Number:** /

**Filing Company:** Sun Surety Insurance Company

## General Information

Project Name: Status of Filing in Domicile: Authorized  
Project Number: Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 02/22/2017  
State Status Changed: 02/22/2017 Deemer Date: 03/07/2017  
Created By: Kelly Adams Submitted By: Kelly Adams  
Corresponding Filing Tracking Number:

### Filing Description:

Sun Surety Insurance Company is submitting rule changes for its Bail Bond program. 1. The rule for the 8% preferred rate is being changed so that more consumers will qualify for that rate. 2. The high risk rate of 15% is being eliminated as it has not been used by the company's producers. 3. The \$15 fee charged on all bail bonds is being eliminated. The proposed changes will put Sun Surety's rates in line with our competitors and will benefit California consumers in the way of reduced costs.

## Company and Contact

### Filing Contact Information

Kelly Adams, Secretary-Treasurer K.Adams@sunsuretybail.com  
21 Main Street 605-348-1000 [Phone]  
Rapid City, SD 57701 605-348-0778 [FAX]

### Filing Company Information

Sun Surety Insurance Company	CoCode: 10909	State of Domicile: South
21 Main Street	Group Code:	Dakota
Rapid City, SD 57701	Group Name:	Company Type:
(605) 348-1000 ext. [Phone]	FEIN Number: 41-1906268	State ID Number:

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

## State Specific

Variance Requested? (Yes/No): No

**SUN SURETY INSURANCE COMPANY  
NAIC #10909**

**SCHEDULE OF PREMIUMS FOR  
BAIL BONDS WRITTEN IN THE STATE OF CALIFORNIA**

This filing is being made by Sun Surety and not by a rate service organization.

**STATE BAIL BONDS – 8% PREFERRED RATE**

The premium charged will be 8% of the penal amount of the bond if any of the following qualifications are met:

1. Defendant has retained private counsel
2. Defendant is an active union member
3. Defendant is an active duty member or veteran of the US Armed Services, or has an immediate family member who is an active duty member or veteran of the US Armed Services. Immediate family member is defined as a parent, child or spouse.

**STATE BAIL BONDS – STANDARD RATE**

For all bonds not qualifying for the preferred rate, the premium charged will be 10% of the penal amount of the bond.

**MINIMUM PREMIUM**

A minimum premium charge of \$50 applies to all bonds.

**THESE RATES MUST BE CHARGED BY ALL AGENTS OF  
SUN SURETY INSURANCE COMPANY.**

# Exhibit 45

*Sun Surety Insurance Company*

***Rule filing 08-11696***

*Filed: August 17, 2008*

*Effective: November 4, 2008*

*Excerpted to include cover pages and rate schedule only.*

### PRIOR APPROVAL RATE APPLICATION

Completed by: Kelly Adams

Date: 3/21/2008

Your File #: SUNRFCA-01

( 15 Characters Maximum)

☐ SERFF

☐ CD (plus 1 paper copy)

☒ Paper (1 original plus 1 copy)

Does this filing include a variance request?

☐ No ☒ Yes

Is this a variance request submitted after the prior approval application to which it applies?

☐ No ☒ Yes

If yes, provide the applicable CDI File Number:

N/A

Does this file contain group data?

☐ No ☒ Yes

[Note: Complete page 2 if this is a group filing]

Is this a specialty filing?

☐ No ☒ Yes

Latest applicable CDI file number in this line, subline and/or program:  
N/A

Company Name Sun Surety Insurance Company

NAIC Company Code 10909

Group Name N/A

NAIC Group Code N/A

Organized under the Laws of the State of

South Dakota

Line Code for this Line of Insurance:

24.0

Line of Insurance: SURETY

Subline N/A Other

Program Bail Bonds

Home Office 21 Main Street, Rapid City, South Dakota 57701

Name and Title of Contact Person

Kelly Adams, Secretary-Treasurer

Toll Free Phone No.: 800-551-1973

Fax No.: 605-348-0778

Email Address sunsurety@hotmail.com

Mailing Address P. O. Box 2373, Rapid City, South Dakota 57709-2373

I declare under penalty of perjury under the laws of the State of California, that the information filed is true, complete, and correct.

Kelly D. Adams

Authorized Signature

March 21, 2008

Date of Filing

605-348-1000

Telephone Number

Important note: Refer to CDI website at <http://www.insurance.ca.gov/0250-insurers/0800-rate-filings/> for the most current rate template and prior approval factors.

DEPARTMENT USE ONLY	
Filing No.:	<u>08-11696</u>
SERFF No.:	<u>N/A</u>
Date Filed:	<u>8/17/08</u>
Compliance Date:	<u>8/29/08</u>
Date Public Notified:	<u>9/05/08</u>
Deemer Date:	<u>11/04/08</u>
Intake Analyst:	<u>AMUDION</u>
Bureau & Senior:	<u>LA3-Allen</u>
Group Filing:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
X-Reference No.:	
<input type="checkbox"/> Rate	<input checked="" type="checkbox"/> New Program <input type="checkbox"/> Rule
<input type="checkbox"/> Form	<input type="checkbox"/> Variance <input checked="" type="checkbox"/> % Change

RATE FILING BUREAU-SF  
AUG 17 2008  
STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

m2 3708

**BARGER & WOLEN<sup>LLP</sup>**

633 West Fifth Street  
Forty-Seventh Floor  
Los Angeles, California 90071-2043  
Telephone: (213) 680-2800  
Facsimile: (213) 614-7399

ROBERT W. HOGEBROOM  
(213) 614-7304  
rhogebroom@barwol.com

PLEASE REFER  
OUR FILE NUMBER  
10443.001

July 16, 2008

**VIA FEDERAL EXPRESS**

California Department of Insurance  
Rate Regulation Division  
Rate Filing Bureau  
45 Fremont Street, 23rd Floor  
San Francisco, CA 94105

RATE FILING BUREAU—SF

JUL 17 2008

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

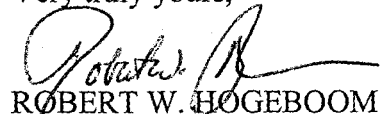
**Re: Sun Surety Insurance Company – Rating Filing in Connection with  
Application for California Certificate of Authority**

Dear Sir or Madam:

We represent Sun Surety Insurance Company (the “Company”). The Company is filing an application for California Certificate of Authority seeking authority to transact surety business in the state. In connection therewith, enclosed is a Prior Approval Rate Application. A copy of the filing has also been submitted with the Certificate of Authority Application.

Please let us know if you need any additional information.

Very truly yours,

  
ROBERT W. HOGEBROOM  
For the Firm

RWH:s  
Enclosures

cc: Kelly Adams (w/ encls.)  
Suh Choi, Esq. (w/o encls.)

i:\office\10443\001\08letters\doi (rate filing).doc

**Sun Surety**  
**Insurance Company**

21 Main Street  
Rapid City, SD 57701  
Fax 605-348-0778  
605-348-1000

**COURT BONDS-JUDICIAL PROCEEDINGS**

**BAIL BOND RATES**

**PREFERRED**

**8% OF PENAL AMOUNT PLUS \$15.00**

ONLY BONDS OF THIRTY THOUSAND DOLLARS PENAL AND LARGER QUALIFY FOR THIS RATE AND REQUIRES FULL CASH COLLATERAL OR IT'S EQUIVALENT OR REAL PROPERTY WITH AN EQUITY OF NO LESS THAN 150% OF THE PENAL AMOUNT (WITH ALL OWNERS OF RECORD SIGNED AND NOTARIZED ON SHORT FORM DEED OF TRUST AND DEED MUST BE RECORDED WITH APPLICABLE COUNTY RECORDER.) FULL PREMIUM MUST BE PAID AT THE TIME OF EXECUTION OF BOND.

**HIGH RISK**

**15% OF PENAL AMOUNT PLUS \$15.00**

WILL BE CHARGED WITH SINGLE INDEMNITOR, SIGNATURE ONLY. ONLY BONDS WITH PENAL AMOUNT OF \$10,000.00 AND LESS QUALIFY FOR THIS RATE. EXECUTION OF BOND DISCRETIONARY WITH UNDERWRITER.

**STANDARD**

**10% OF PENAL PLUS \$15.00**

ANY BOND THAT DOES NOT QUALIFY FOR PREFERRED OR HIGH RISK RATES SHALL BE UNDERWRITTEN AT THE STANDARD RATE.

**MINIMUM PREMIUM**

A MINIMUM PREMIUM OF \$50.00 + \$15.00 SHALL BE CHARGED ON ANY BOND WITH A PENAL AMOUNT BELOW \$499.99.

***Surety Bonds***

**DEPARTMENT OF INSURANCE**

RATE REGULATION BRANCH

300 SOUTH SPRING STREET

LOS ANGELES, CA 90013

www.insurance.ca.gov



November 3, 2008

SUN SURETY INSURANCE COMPANY

attn.: Kelly Adams, Secretary-Treasurer

P.O. Box 2373

Rapid City, SD 57709-2373

**RE: APPROVAL OF APPLICATION**

SUN SURETY INSURANCE COMPANY has submitted the following application for approval regarding the following line of business or program:

<b><u>CDI App. No(s):</u></b>	08-11696
<b><u>Insurer File No(s):</u></b>	SUNRFCA-01
<b><u>Line(s) of Insurance:</u></b>	Commercial Surety
<b><u>Program:</u></b>	Bail Bonds

Only the change(s) specifically indicated in the application set forth above, as it may have been amended, is (are) approved. Nothing in this letter shall constitute approval of any other application, whether incorporated by reference, or filed prior or subsequent to the application set forth above. SUN SURETY INSURANCE COMPANY shall begin issuing policies pursuant to this approval within 90 days of the date of this approval, provided that the insurer is licensed in California to transact the line of insurance for which the approval is given. SUN SURETY INSURANCE COMPANY may implement this approval earlier if it is able to do so. Regardless of the implementation date, SUN SURETY INSURANCE COMPANY shall implement this approval with the same effective date for both new and renewal business and shall offer this product to all eligible applicants as of the implementation date. This approval shall continue to have full force and effect until such time as a subsequent change for the referenced lines or programs may be approved or ordered by the Insurance Commissioner.

If any portion of the application or related documentation conflicts with California law, that portion is specifically not approved. This approval does not constitute an approval of underwriting guidelines nor the specific language, coverages, terms, covenants and conditions contained in any forms, or of the forms themselves. Policy forms and underwriting guidelines included in this filing were reviewed only insofar as they relate to rates contained in this filing or currently on file with the California Department of Insurance. Any subsequent changes to underwriting guidelines or coverages, terms, covenants and conditions contained in any forms must be submitted with supporting documentation when those changes result in any rating impact. The Commissioner may at any time take any action allowed by law if he determines that any underwriting guidelines, forms or procedures for application of rates, or any other portions of the application conflict with any applicable laws or regulations.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Allen".

Kenneth Allen, CPCU

Bureau Chief, LA-3 Rate Filing Bureau

Telephone: (213) 346-6783

Facsimile: (213) 897-6181

E-Mail: [Allenk@insurance.ca.gov](mailto:Allenk@insurance.ca.gov)Website: [www.insurance.ca.gov](http://www.insurance.ca.gov)

# Exhibit 46

*Crum & Forster Indemnity Company  
The North River Insurance Company  
United States Fire Insurance Company  
**Form and rule filings 13-3655;13-3656;13-3657**  
Filed: May 7, 2013  
Effective: July 11, 2013  
Excerpted to include cover pages and rate schedule only.*

**State:** California **First Filing Company:** Crum & Forster Indemnity Company, ...  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** BAIL BOND  
**Project Name/Number:** BAIL BOND RULE/

## Filing at a Glance

Companies: Crum & Forster Indemnity Company  
The North River Insurance Company  
United States Fire Insurance Company

Product Name: BAIL BOND

State: California

TOI: 24.0 Surety

Sub-TOI: 24.0000 Surety

Filing Type: Rule

Date Submitted: 05/07/2013

SERFF Tr Num: CRUM-129018663

SERFF Status: Closed-Approved

State Tr Num: 13-3655;13-3656;13-3657

State Status: Approved

Co Tr Num: BAIL2013-R-CA

Effective Date: On Approval

Requested (New):

Effective Date: On Approval

Requested (Renewal):

Author(s): Leonard Traiman

Reviewer(s): Ashok Viswanathan (primary), Jerome Tu

Disposition Date: 07/11/2013

Disposition Status: Approved

Effective Date (New): 07/11/2013

Effective Date (Renewal): 07/11/2013

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** BAIL BOND  
**Project Name/Number:** BAIL BOND RULE/

**First Filing Company:** Crum & Forster Indemnity Company, ...

## General Information

Project Name: BAIL BOND RULE

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 07/11/2013

State Status Changed: 07/11/2013

Created By: Leonard Traiman

Corresponding Filing Tracking Number: 13-2397;13-2398;13-2399

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date: 07/23/2013

Submitted By: Leonard Traiman

Filing Description:

We are filing a change to our Bail Bond Rule to remove language regarding miscellaneous fees/expenses.

## Company and Contact

### Filing Contact Information

Leonard Traiman,  
305 Madison Avenue  
Morristown, NJ 07960

ltraiman@cfins.com  
973-326-7319 [Phone]  
973-490-6062 [FAX]

### Filing Company Information

Crum & Forster Indemnity Company	CoCode: 31348	State of Domicile: Delaware
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6600 ext. [Phone]	FEIN Number: 22-2868548	

The North River Insurance Company	CoCode: 21105	State of Domicile: New Jersey
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6600 ext. [Phone]	FEIN Number: 22-1964135	

United States Fire Insurance Company	CoCode: 21113	State of Domicile: Delaware
305 MADISON AVENUE	Group Code: 158	Company Type:
MORRISTOWN, NJ 07962	Group Name:	State ID Number:
(973) 490-6600 ext. [Phone]	FEIN Number: 13-5459190	

## Filing Fees

Fee Required? No

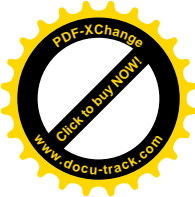
Retaliatory? No

Fee Explanation:

**State:** California**First Filing Company:** Crum & Forster Indemnity Company, ...**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety**Product Name:** BAIL BOND**Project Name/Number:** BAIL BOND RULE/

## State Specific

Variance Requested? (Yes/No): No



# BAIL BOND RATES CALIFORNIA

## STATE BONDS

## CHARGE

- A. BONDS UP TO AND INCLUDING \$500.00  
IN LIABILITY..... \$50.00
- B. BONDS IN EXCESS OF \$500.00 IN LIABILITY..... 10% OF THE PENAL AMOUNT

## FEDERAL BONDS

## CHARGE

- C. BONDS UP TO AND INCLUDING \$350.00  
IN LIABILITY..... \$50.00
- D. BONDS IN EXCESS OF \$350.00 IN LIABILITY..... 12% OF THE PENAL AMOUNT

## QUALIFIED UNIONS, PRIVATE DEFENSE COUNSEL, GOVERNMENT EMPLOYEES AND FULL COLLATERAL WITH REAL PROPERTY

Bonds up to and including \$600.00 in liability may be charged at \$50.00

Bonds in excess of \$600.00 in liability may be charged based on 8% of the penal liability

**Qualified Union** is any union in which the defendant or indemnitor are members.

**Private Defense Counsel** is any practicing defense attorney retained for or on behalf of a defendant in relation to the case this bail bond shall apply.

**Government Employee** is any defendant or indemnitor currently employed by a United States city, county, state or federal government agency.

**Full Collateral with Real Property** is any bond where the bail bond exposure is secured with real property with a unencumbered value in excess of 100% of the bail bond being executed.

## ATTORNEY REFERRALS WITH FULL PREMIUM

Bonds up to and including \$700.00 in liability may be charged at \$50.00

Bonds in excess of \$700.00 in liability may be charged based on 7% of the penal liability

## **NOTE**

THESE RATES MUST BE CHARGED BY ALL AGENTS OF **UNITED STATES FIRE INSURANCE COMPANY**, **THE NORTH RIVER INSURANCE COMPANY** AND **CRUM & FORSTER INDEMNITY COMPANY**.

**\* FEDERAL BOND RATES ONLY APPLY TO UNITED STATES FIRE INSURANCE COMPANY**

United States Fire Insurance Company  
The North River Insurance Company  
Crum & Forster Indemnity Company

# Exhibit 47

*Crum & Forster Indemnity Company  
The North River Insurance Company  
United States Fire Insurance Company*  
***Rule filings 12-724;12-725;12-726***

*Filed: January 19, 2012*

*Effective: April 25, 2012*

*Excerpted to include cover pages and rate schedule only.*

---

**State:** California **First Filing Company:** Crum & Forster Indemnity Company, ...  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** BAIL BOND 2012  
**Project Name/Number:** BB2012/

## Filing at a Glance

Companies: Crum & Forster Indemnity Company  
The North River Insurance Company  
United States Fire Insurance Company

Product Name: BAIL BOND 2012

State: California

TOI: 24.0 Surety

Sub-TOI: 24.0000 Surety

Filing Type: Rule

Date Submitted: 01/19/2012

SERFF Tr Num: CRUM-127966660

SERFF Status: Closed-Approved

State Tr Num: 12-724;12-725;12-726

State Status: Approved

Co Tr Num: BB2012

Effective Date: On Approval

Requested (New):

Effective Date: On Approval

Requested (Renewal):

Author(s):

Reviewer(s): Mary Hiltgen (primary), Jerome Tu

Disposition Date: 04/25/2012

Disposition Status: Approved

Effective Date (New): 04/25/2012

Effective Date (Renewal): 04/25/2012

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** BAIL BOND 2012  
**Project Name/Number:** BB2012/

**First Filing Company:** Crum & Forster Indemnity Company, ...

## General Information

Project Name: BB2012

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 04/25/2012

State Status Changed: 04/25/2012

Created By: Sharon Smith

Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date: 04/03/2012

Submitted By: Sharon Smith

Filing Description:

We are filing to included a discounted rate of 7% of the penal amount of the bond for bonds that have FULL premium paid at the time of sale.

## Company and Contact

### Filing Contact Information

Sharon D. Smith, Regulatory Compliance Analyst  
sharon\_smith@cfins.com

305 MADISON AVENUE  
MORRISTOWN, NJ 07962  
973-490-6788 [Phone]  
973-490-6062 [FAX]

### Filing Company Information

Crum & Forster Indemnity Company  
305 Madison Avenue  
Morristown, NJ 07960  
(973) 490-6600 ext. [Phone]

CoCode: 31348  
Group Code: 158  
Group Name:  
FEIN Number: 22-2868548

State of Domicile: Delaware  
Company Type:  
State ID Number:

The North River Insurance Company  
305 Madison Avenue  
Morristown, NJ 07960  
(973) 490-6600 ext. [Phone]

CoCode: 21105  
Group Code: 158  
Group Name:  
FEIN Number: 22-1964135

State of Domicile: New Jersey  
Company Type:  
State ID Number:

United States Fire Insurance Company  
305 MADISON AVENUE  
MORRISTOWN, NJ 07962  
(973) 490-6600 ext. [Phone]

CoCode: 21113  
Group Code: 158  
Group Name:  
FEIN Number: 13-5459190

State of Domicile: Delaware  
Company Type:  
State ID Number:

## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

**State:** California**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety**Product Name:** BAIL BOND 2012**Project Name/Number:** BB2012/**First Filing Company:** Crum & Forster Indemnity Company, ...

## State Specific

Variance Requested? (Yes/No): no

# BAIL BOND RATES

## CALIFORNIA

### STATE BONDS

### CHARGE

- A. BONDS UP TO AND INCLUDING \$500.00  
IN LIABILITY..... \$50.00
- B. BONDS IN EXCESS OF \$500.00 IN LIABILITY..... 10% OF THE PENAL AMOUNT

### FEDERAL BONDS

### CHARGE

- C. BONDS UP TO AND INCLUDING \$350.00  
IN LIABILITY..... \$50.00
- D. BONDS IN EXCESS OF \$350.00 IN LIABILITY..... 12% OF THE PENAL AMOUNT

### QUALIFIED UNIONS, PRIVATE DEFENSE COUNSEL, GOVERNMENT EMPLOYEES AND FULL COLLATERAL WITH REAL PROPERTY

Bonds up to and including \$600.00 in liability may be charged at \$50.00

Bonds in excess of \$600.00 in liability may be charged based on 8% of the penal liability

**Qualified Union** is any union in which the defendant or indemnitor are members.

**Private Defense Counsel** is any practicing defense attorney retained for or on behalf of a defendant in relation to the case this bail bond shall apply.

**Government Employee** is any defendant or indemnitor currently employed by a United States city, county, state or federal government agency.

**Full Collateral with Real Property** is any bond where the bail bond exposure is secured with real property with a unencumbered value in excess of 100% of the bail bond being executed.

### ATTORNEY REFERRALS WITH FULL PREMIUM

Bonds up to and including \$700.00 in liability may be charged at \$50.00

Bonds in excess of \$700.00 in liability may be charged based on 7% of the penal liability

### **NOTE**

THESE RATES MUST BE CHARGED BY ALL AGENTS OF UNITED STATES FIRE INSURANCE COMPANY, THE NORTH RIVER INSURANCE COMPANY AND CRUM & FORSTER INDEMNITY COMPANY. THESE RATES ARE FOR PREMIUM ONLY, AND DO NOT INCLUDE OTHER EXPENSES INCURRED, SUCH AS TELEPHONE, POSTING FEES, APPRAISALS OR LOT BOOK REPORTS, TRAVEL AND OTHER MISCELLANEOUS EXPENSES

**\* FEDERAL BOND RATES ONLY APPLY TO UNITED STATES FIRE INSURANCE COMPANY**

United States Fire Insurance Company  
The North River Insurance Company  
Crum & Forster Indemnity Company

# Exhibit 48

*The North River Insurance Company  
United States Fire Insurance Company  
**Form and rule filings 07-4496;07-4497**  
Filed: May 4, 2007  
Effective: August 15, 2007  
Excerpted to include cover pages and rate schedule only.*

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** CABAIL07  
**Project Name/Number:** /

**First Filing Company:** The North River Insurance Company, ...

## Filing at a Glance

Companies: The North River Insurance Company  
United States Fire Insurance Company

Product Name: CABAIL07

State: California

TOI: 24.0 Surety

Sub-TOI: 24.0000 Surety

Filing Type: Form/Rate/Rule

Date Submitted: 05/04/2007

SERFF Tr Num: CRUM-125171711

SERFF Status: Closed-Approved

State Tr Num: 07-4496;07-4497

State Status: Approved

Co Tr Num:

Effective Date 06/01/2007

Requested (New):

Effective Date 06/01/2007

Requested (Renewal):

Author(s): Leonard Traiman

Reviewer(s): Michael Jones (primary), Ken Allen

Disposition Date: 08/15/2007

Disposition Status: Approved

Effective Date (New): 08/15/2007

Effective Date (Renewal): 08/15/2007

State: California  
TOI/Sub-TOI: 24.0 Surety/24.0000 Surety  
Product Name: CABAIL07  
Project Name/Number: /

First Filing Company: The North River Insurance Company, ...

## General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/15/2007	
State Status Changed: 08/15/2007	Deemer Date: 08/28/2007
Created By: Ruth Overholser	Submitted By: Ruth Overholser
Corresponding Filing Tracking Number:	

### Filing Description:

Our current rate for state bonds is 10% of the penal amount of the bond. We wish to amend our filing to offer an 8% charge for qualified union members, cases with private defense counsel, government employees and full collateral with Real Property. The 10% charge will remain the same for all others except federal bonds, which will remain at 12%. Please refer to the attached manual rule that reflects these revised rates.

In addition we are filing four endorsements for use with this program. Enclosed are copies of forms S-0099aNR, S-0099aUS, S-0099U and S-0099T.

## Company and Contact

### Filing Contact Information

Ruth A. Overholser, Regulatory Compliance ruth\_overholser@cfins.com  
Analyst  
305 MADISON AVENUE 973-490-6698 [Phone]  
MORRISTOWN, NJ 07962 973-490-6062 [FAX]

### Filing Company Information

The North River Insurance Company	CoCode: 21105	State of Domicile: New Jersey
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 22-1964135	

United States Fire Insurance Company	CoCode: 21113	State of Domicile: Delaware
305 MADISON AVENUE	Group Code: 158	Company Type:
MORRISTOWN, NJ 07962	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 13-5459190	

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

**BAIL BOND RATES**  
(revised)

**STATE OF CALIFORNIA**

**STATE BONDS:**

Bonds up to and including \$500 in liability:	\$50
Bonds in excess of \$500 in liability:	10% of the penal liability

**FEDERAL BONDS:**

Bonds up to and including \$350 in liability:	\$50
Bonds in excess of \$350 in liability:	12% of the penal liability

**QUALIFIED UNIONS, PRIVATE DEFENSE COUNSEL, GOVERNMENT EMPLOYEES AND FULL COLLATERAL WITH REAL PROPERTY**

Bonds up to and including \$600 in liability may be charged at \$50

Bonds in excess of \$600 in liability may be charged based on 8% of the penal liability

**Qualified Union** is any union in which the defendant or indemnitor are members.

**Private Defense Counsel** is any practicing defense attorney retained for or on behalf of a defendant in relation to the case this bail bond shall apply.

**Government Employee** is any defendant or indemnitor currently employed by a United States city, county, state or federal government agency.

**Full Collateral with Real Property** is any bond where the bail bond exposure is secured with real property with a unencumbered value in excess of 100% of the bail bond being executed.

# Exhibit 49

*The North River Insurance Company  
United States Fire Insurance Company  
**Form and rule filings 06-1938; 06-1939**  
Filed: March 11, 2006  
Effective: May 10, 2006  
Excerpted to include cover pages and rate schedule only.*

**SERFF Tracking #:** USPH-  
6MSK3C478/00-  
00/00-00/00

**State Tracking #:** 06-1938; 06-1939

**Company Tracking #:** USF/TNR-FRRU-2006CA

**State:** California

**First Filing Company:** The North River Insurance Company, ...

**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety

**Product Name:** USF-TNR-FRRU-BB-2006CA

**Project Name/Number:** USF/TNR-FRRU-BB-2006CA/USF/TNR-FRRU-BB-2006CA

## Filing at a Glance

Companies: The North River Insurance Company  
United States Fire Insurance Company

Product Name: USF-TNR-FRRU-BB-2006CA

State: California

TOI: 24.0 Surety

Sub-TOI: 24.0000 Surety

Filing Type: Form and/or Rule (No Rate Impact)

Date Submitted: 03/11/2006

SERFF Tr Num: USPH-6MSK3C478/00-00/00-00/00

SERFF Status: Closed-Approved

State Tr Num: 06-1938; 06-1939

State Status: Approved

Co Tr Num: USF/TNR-FRRU-2006CA

Effective Date: 06/15/2006

Requested (New):

Effective Date

Requested (Renewal):

Author(s):

Reviewer(s): Michael Jones (primary), Ken Allen

Disposition Date: 05/10/2006

Disposition Status: Approved

Effective Date (New): 06/15/2006

Effective Date (Renewal): 06/15/2006

**SERFF Tracking #:** USPH-  
6MSK3C478/00-  
00/00-00/00

**State Tracking #:** 06-1938; 06-1939

**Company Tracking #:** USF/TNR-FRRU-2006CA

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** USF-TNR-FRRU-BB-2006CA  
**Project Name/Number:** USF/TNR-FRRU-BB-2006CA/USF/TNR-FRRU-BB-2006CA

**First Filing Company:** The North River Insurance Company, ...

## General Information

Project Name: USF/TNR-FRRU-BB-2006CA  
Project Number: USF/TNR-FRRU-BB-2006CA  
Reference Organization:  
Reference Title:  
Filing Status Changed: 05/10/2006  
State Status Changed: 05/10/2006  
Created By: Mallika Mabbu  
Corresponding Filing Tracking Number:

Status of Filing in Domicile:  
Domicile Status Comments:  
Reference Number:  
Advisory Org. Circular:  
  
Deemer Date: 05/23/2006  
Submitted By: Mallika Mabbu

Filing Description:

## Company and Contact

### Filing Contact Information

Mallika Mabbu,  
10350 Richmond Avenue  
Suites 300 & 250  
Houston, TX 77042

mmabbu@FairmontSpecialty.com  
713-954-8357 [Phone]

### Filing Company Information

The North River Insurance  
Company  
305 Madison Avenue  
Morristown, NJ 07960  
(973) 490-6476 ext. [Phone]

CoCode: 21105  
Group Code: 158  
Group Name:  
FEIN Number: 22-1964135

State of Domicile: New Jersey  
Company Type:  
State ID Number:

United States Fire Insurance  
Company  
305 MADISON AVENUE  
MORRISTOWN, NJ 07962  
(973) 490-6476 ext. [Phone]

CoCode: 21113  
Group Code: 158  
Group Name:  
FEIN Number: 13-5459190

State of Domicile: Delaware  
Company Type:  
State ID Number:

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation: N



**BAIL SURETY**

The North River Insurance Company  
10777 Westheimer Road, Suite 500 (77042)  
P.O. Box 2807 - Houston, Texas 77252-2807  
(713) 954-8100 (713) 954-8389 FAX

(PLACE BAIL AGENT'S ADDRESS STAMP HERE)

# BAIL BOND RATES

THE FOLLOWING RATES WILL BE CHARGED ON BAIL BONDS:

CALIFORNIA BAIL BOND PREMIUMS WILL BE CHARGED  
AT A RATE OF **10% OF THE PENAL AMOUNT** OF THE BOND.

FEDERAL BAIL BOND PREMIUMS WILL BE CHARGED AT A RATE  
OF **12% OF THE PENAL AMOUNT OF THE BOND**.

MINIMUM PREMIUMS ARE AS FOLLOWS:

CALIFORNIA BAIL BONDS \$50.00

FEDERAL BAIL BONDS \$60.00

EFFECTIVE DATE OF THIS NOTICE \_\_\_\_\_ **JULY 1, 1994** \_\_\_\_\_

## NOTE

These rates must be charged by ALL agents of THE NORTH RIVER INSURANCE COMPANY. These rates are for premium only, and do not include other expenses incurred, such as telephone, posting fees, appraisals or lot book reports, travel and other miscellaneous expenses.

**ALL AGENTS:** Please post this rate chart in public view in your office.

**Fairmont** Specialty

a division of Crum & Forster

**BAIL SURETY**

United States Fire Insurance Company  
10777 Westheimer Road, Suite 500 (77042)  
P.O. Box 2807 - Houston, Texas 77252-2807  
(713) 954-8100 (713) 954-8389 FAX

(PLACE BAIL AGENT'S ADDRESS STAMP HERE)

# BAIL BOND RATES

THE FOLLOWING RATES WILL BE CHARGED ON BAIL BONDS:

CALIFORNIA BAIL BOND PREMIUMS WILL BE CHARGED  
AT A RATE OF **10% OF THE PENAL AMOUNT** OF THE BOND.

FEDERAL BAIL BOND PREMIUMS WILL BE CHARGED AT A RATE  
OF **12% OF THE PENAL AMOUNT OF THE BOND.**

MINIMUM PREMIUMS ARE AS FOLLOWS:

CALIFORNIA BAIL BONDS \$50.00

FEDERAL BAIL BONDS \$60.00

EFFECTIVE DATE OF THIS NOTICE \_\_\_\_\_ **JULY 1, 1994** \_\_\_\_\_

## NOTE

These rates must be charged by ALL agents of UNITED STATES FIRE INSURANCE COMPANY. These rates are for premium only, and do not include other expenses incurred, such as telephone, posting fees, appraisals or lot book reports, travel and other miscellaneous expenses.

**ALL AGENTS:** Please post this rate chart in public view in your office.

# Exhibit 50

*Universal Fire & Casualty Insurance Company*

***Rule filing 17-7130***

*Filed: October 10, 2017*

*Effective: December 20, 2017*

*Excerpted to include cover pages and rate schedule only.*

---

<b>State:</b>	California	<b>Filing Company:</b>	Universal Fire & Casualty Insurance Company
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	New Program		
<b>Project Name/Number:</b>	CA 2017/2017-CA-5		

## Filing at a Glance

Company:	Universal Fire & Casualty Insurance Company
Product Name:	New Program
State:	California
TOI:	24.0 Surety
Sub-TOI:	24.0000 Surety
Filing Type:	New Program
Date Submitted:	10/10/2017
SERFF Tr Num:	UFCI-131215759
SERFF Status:	Closed-Approved
State Tr Num:	17-7130
State Status:	Approved
Co Tr Num:	2017-CA-5
Effective Date	On Approval
Requested (New):	
Effective Date	On Approval
Requested (Renewal):	
Author(s):	
Reviewer(s):	Marisohl Sapin (primary), Ed Lin
Disposition Date:	12/20/2017
Disposition Status:	Approved
Effective Date (New):	12/20/2017
Effective Date (Renewal):	12/20/2017

**State:** California  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** New Program  
**Project Name/Number:** CA 2017/2017-CA-5

**Filing Company:** Universal Fire & Casualty Insurance Company

## General Information

Project Name: CA 2017  
Project Number: 2017-CA-5  
Reference Organization:  
Reference Title: 2017-CA-5  
Filing Status Changed: 12/20/2017  
State Status Changed: 12/20/2017  
Created By: Susan Ulberg  
Corresponding Filing Tracking Number: UFCI-131091935

Status of Filing in Domicile: Authorized  
Domicile Status Comments:  
Reference Number: UFCI-131091935  
Advisory Org. Circular:  
  
Deemer Date: 01/02/2017  
Submitted By: Susan Ulberg

### Filing Description:

We are filing for approval of the attached Universal Fire & Casualty Insurance Company Bail Bond Program, this program will use the rates indicated in the attached form; UFC-0008 CA rate chart page, along with the attached Bail Bond forms of which both are new.

## Company and Contact

### Filing Contact Information

Susan Ulberg, Compliance Manager  
3214 Chicago Drive  
Hudsonville, MI 49426

susan@universalbail.com  
616-662-3900 [Phone]  
616-662-4460 [FAX]

### Filing Company Information

Universal Fire & Casualty Insurance Company	CoCode: 32867	State of Domicile: Indiana
3214 Chicago Drive	Group Code:	Company Type: Property & Casualty
Hudsonville, MI 49426	Group Name:	State ID Number:
(616) 662-3900 ext. [Phone]	FEIN Number: 35-1372324	

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

## State Specific

Variance Requested? (Yes/No): NO



**UNIVERSAL FIRE & CASUALTY  
INSURANCE COMPANY**

3214 Chicago Drive  
Hudsonville, Michigan 49426  
(800) 874-8742 • (616) 662-4460 FAX

(PLACE BAIL AGENT'S ADDRESS STAMP HERE)

## **CALIFORNIA BAIL BOND RATES**

THE FOLLOWING RATES WILL BE CHARGED ON BAIL BONDS:

### **State Bail Bonds:**

All bail bonds, except as qualified below, are to be rated at 10% of the bond penal amount subject to the minimum premium for bail bonds.

Underwriting file documentation required as support for classification as a Qualified Bail Bond.

### **Qualified Bail Bonds:**

Bail bonds may be qualified for preferred rating of 8% where the bond applies to any of the following:

1. Individuals who have retained private counsel,
2. Individuals who are members of a qualified labor union,
3. Individuals currently employed by a city, state or federal government agency,
4. Any bond where the bail bond exposure is secured by 100% cash and financial instruments (excluding marketable equities) or real property with an unencumbered value in excess of 100% of the bail bond executed.

### **Bail Bond Minimum Premium:**

Minimum premium for all bail bonds is \$85.

## **NOTICE**

**These rates must be charged by ALL producers of UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY. These rates are for premium only, and do not include other expenses incurred, such as telephone, posting fees, appraisals or lot book reports, travel and other miscellaneous expenses.**

**ALL PRODUCERS: Please post this rate chart in public view in your office.**

# Exhibit 51

*Williamsburg National Insurance Company*

***New program filing 11-1622***

*Filed: February 4, 2011*

*Effective: April 28, 2011*

*Excerpted to include cover pages and rate schedule only.*

State: California Filing Company: Williamsburg National Insurance Company  
 TOI/Sub-TOI: 24.0 Surety/24.0000 Surety  
 Product Name: New Bond Filing  
 Project Name/Number: /WB-CA-Bond-0111

## Filing at a Glance

Company: Williamsburg National Insurance Company  
 Product Name: New Bond Filing  
 State: California  
 TOI: 24.0 Surety  
 Sub-TOI: 24.0000 Surety  
 Filing Type: New Program  
 Date Submitted: 02/04/2011  
 SERFF Tr Num: MEAD-127020176  
 SERFF Status: Closed-Approved  
 State Tr Num: 11-1622  
 State Status: Approved  
 Co Tr Num: WB-CA-BOND-0111

Effective Date On Approval

Requested (New):

Effective Date On Approval

Requested (Renewal):

Author(s):

Reviewer(s): Mary Hiltgen (primary), Jerome Tu

Disposition Date: 04/28/2011

Disposition Status: Approved

Effective Date (New): 04/28/2011

Effective Date (Renewal): 04/28/2011

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<b>State:</b>	California	<b>Filing Company:</b>	Williamsburg National Insurance Company
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	New Bond Filing		
<b>Project Name/Number:</b>	/WB-CA-Bond-0111		

## General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number: WB-CA-Bond-0111	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/28/2011	
State Status Changed: 04/28/2011	Deemer Date: 04/19/2011
Created By: Amanda Kappler	Submitted By: Amanda Kappler
Corresponding Filing Tracking Number:	

### Filing Description:

Williamsburg National Insurance Company is authorized to write commercial lines insurance in your state.

At this time we are filing for approval of the attached WB-CA-Bond-0111, these are the rates we wish to use for Surety Bail Bonds in your state. We have no previously filed rates for this line of business. We are comfortable that these proposed rates are not discriminatory, nor unfair to potential customers.

## Company and Contact

### Filing Contact Information

Amanda Kappler, Filing Supervisor	amanda.kappler@meadowbrook.com
26255 American Drive	248-204-8113 [Phone]
Southfield, MI 48034	248-358-1614 [FAX]

### Filing Company Information

Williamsburg National Insurance Company	CoCode: 25780	State of Domicile: California
26255 American Drive	Group Code: 748	Company Type: property and casualty
Southfield, MI 48034	Group Name: Meadowbrook	State ID Number:
(248) 358-1100 ext. [Phone]	FEIN Number: 33-0208084	

---

## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

## State Specific

Variance Requested? (Yes/No): No



3214 Chicago Drive  
Hudsonville, Michigan 49426  
(888) 885-6255 • (616) 662-4460 FAX

(PLACE BAIL AGENT'S ADDRESS STAMP HERE)

## BAIL BOND RATES

THE FOLLOWING RATES WILL BE CHARGED ON BAIL BONDS:

### State Bail Bonds:

All bail bonds, except as qualified below, are to be rated at 10% of the bond penal amount subject to the minimum premium for bail bonds.

Underwriting file documentation required as support for classification as a Qualified Bail Bond.

### Qualified Bail Bonds:

Bail bonds may be qualified for preferred rating of 8% where the bond applies to any of the following:

1. Individuals who have retained private counsel,
2. Individuals who are members of a qualified labor union,
3. Individuals currently employed by a city, state or federal government agency,
4. Any bond where the bail bond exposure is secured by 100% cash and financial instruments (excluding marketable equities) or real property with an unencumbered value in excess of 100% of the bail bond executed.

### Federal Bail Bonds:

All bail bonds are to be rated at 12% of the bond amount subject to the minimum premium for bail bonds.

### Bail Bond Minimum Premium:

Minimum premium for all bail bonds is \$85.

## NOTICE

**These rates must be charged by ALL producers of THE WILLIAMSBURG NATIONAL INSURANCE COMPANY. These rates are for premium only, and do not include other expenses incurred, such as telephone, posting fees, appraisals or lot book reports, travel and other miscellaneous expenses.**

**ALL PRODUCERS: Please post this rate chart in public view in your office.**

# Exhibit 52

*Continental Heritage Insurance Company*  
*2018 Annual Statement*



# ANNUAL STATEMENT

For the Year Ended December 31, 2018  
of the Condition and Affairs of the

## CONTINENTAL HERITAGE INSURANCE COMPANY

NAIC Group Code..... 0, 0 (Current Period) (Prior Period)	NAIC Company Code..... 39551	Employer's ID Number..... 87-0363183
Organized under the Laws of FL	State of Domicile or Port of Entry FL	Country of Domicile US
Incorporated/Organized..... March 11, 1980	Commenced Business..... May 12, 1980	
Statutory Home Office	21218 ST ANDREWS BLVD #400 .. BOCA RATON .. FL .. US .. 33433 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	200 PARK AVENUE, STE 400 .. ORANGE VILLAGE .. OH .. US .. 44122 (Street and Number) (City or Town, State, Country and Zip Code)	877-645-4871 (Area Code) (Telephone Number)
Mail Address	200 PARK AVENUE, STE 400 .. ORANGE VILLAGE .. OH .. US .. 44122 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	200 PARK AVENUE, STE 400 .. ORANGE VILLAGE .. OH .. US .. 44122 (Street and Number) (City or Town, State, Country and Zip Code)	877-645-4871 (Area Code) (Telephone Number)
Internet Web Site Address	www.continentalheritage.com	
Statutory Statement Contact	WESLEY BLAKE GILBREATH (Name) wgilbreath@chicins.com (E-Mail Address)	877-645-4871-1004 (Area Code) (Telephone Number) (Extension) 216-938-6952 (Fax Number)

### OFFICERS

Name	Title	Name	Title
1. CHARLES DELL HAMM JR.	PRESIDENT	2. WESLEY BLAKE GILBREATH	TREASURER
3. SEAN THOMAS O'BRIEN	SECRETARY	4. SEAN THOMAS O'BRIEN	COO
<b>OTHER</b>			
CYRIL ELMO PARISH	VICE PRESIDENT	GARY MICHAEL WILLIAMS	VICE PRESIDENT

### DIRECTORS OR TRUSTEES

CHARLES DELL HAMM JR.	EDWARD FARRELL FEIGHAN	ANTHONY TRICARICHI JR	ANNE MARIE LOCONTI
RICHARD SAMUEL CLARK			

State of..... Ohio  
County of..... Cuyahoga

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) CHARLES DELL HAMM JR.	(Signature) WESLEY BLAKE GILBREATH	(Signature) SEAN THOMAS O'BRIEN
1. (Printed Name) PRESIDENT	2. (Printed Name) TREASURER	3. (Printed Name) SECRETARY
(Title)	(Title)	(Title)

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_ 2019

a. Is this an original filing? Yes [X] No [ ]  
b. If no  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	27,330,179		27,330,179	26,654,776
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....4,279,927, Schedule E-Part 1), cash equivalents (\$.....231,450, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	4,511,376		4,511,376	1,625,962
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	31,841,555	0	31,841,555	28,280,738
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	149,973		149,973	132,512
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	672,947		672,947	754,070
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	128,785		128,785	250,156
18.2 Net deferred tax asset.....	168,091	18,385	149,706	135,329
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other-than-invested assets.....	70,885	22,763	48,122	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	33,032,236	41,148	32,991,088	29,552,805
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	33,032,236	41,148	32,991,088	29,552,805

## DETAILS OF WRITE-INS

1101. ....			0	
1102. ....			0	
1103. ....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Prepaid Insurance.....	22,763	22,763	0	
2502. Misc Receivable.....	48,122		48,122	
2503. ....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	70,885	22,763	48,122	0

# CONTINENTAL HERITAGE INSURANCE COMPANY

## LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....	1,911,944	795,301
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....		
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....	33,538	20,370
4. Commissions payable, contingent commissions and other similar charges.....	1,043,290	19,379
5. Other expenses (excluding taxes, licenses and fees).....	517,518	112,004
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	75,953	143,578
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....		
7.2 Net deferred tax liability.....		
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....177,699 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....	3,717,536	3,305,384
10. Advance premium.....		
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....		13,147
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20).....		
14. Amounts withheld or retained by company for account of others.....		
15. Remittances and items not allocated.....		
16. Provision for reinsurance (including \$.....0 certified) (Schedule F, Part 3, Column 78).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....		
20. Derivatives.....		
21. Payable for securities.....		
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	0	11
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	7,299,778	4,409,174
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	7,299,778	4,409,174
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	2,500,000	2,500,000
31. Preferred capital stock.....	500,040	500,040
32. Aggregate write-ins for other-than-special surplus funds.....	0	0
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....	20,870,438	20,870,438
35. Unassigned funds (surplus).....	1,820,832	1,273,153
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39).....	25,691,310	25,143,631
38. TOTAL (Page 2, Line 28, Col. 3).....	32,991,088	29,552,805

### DETAILS OF WRITE-INS

2501. Restricted Collateral.....		11
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	11
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above).....	0	0

# CONTINENTAL HERITAGE INSURANCE COMPANY

## STATEMENT OF INCOME

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4).....	7,448,375	4,251,852
<b>DEDUCTIONS:</b>		
2. Losses incurred (Part 2, Line 35, Column 7).....	1,116,643	299,864
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	13,169	5,492
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	6,127,538	5,182,520
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	7,257,350	5,487,876
7. Net income of protected cells.....		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	191,025	(1,236,024)
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	545,530	239,198
10. Net realized capital gains (losses) less capital gains tax of \$.....0 (Exhibit of Capital Gains (Losses)).....	(1,905)	134
11. Net investment gain (loss) (Lines 9 + 10).....	543,625	239,332
<b>OTHER INCOME</b>		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	
13. Finance and service charges not included in premiums.....		
14. Aggregate write-ins for miscellaneous income.....	250	90,500
15. Total other income (Lines 12 through 14).....	250	90,500
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	734,900	(906,192)
17. Dividends to policyholders.....		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	734,900	(906,192)
19. Federal and foreign income taxes incurred.....	196,371	(85,116)
20. Net income (Line 18 minus Line 19) (to Line 22).....	538,529	(821,076)
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	25,143,631	16,331,522
22. Net income (from Line 20).....	538,529	(821,076)
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....		
25. Change in net unrealized foreign exchange capital gain (loss).....		
26. Change in net deferred income tax.....	29,456	128,463
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3).....	(20,308)	4,722
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....		
29. Change in surplus notes.....		
30. Surplus (contributed to) withdrawn from Protected Cells.....		
31. Cumulative effect of changes in accounting principles.....		
32. Capital changes:		
32.1 Paid in.....		
32.2 Transferred from surplus (Stock Dividend).....		500,000
32.3 Transferred to surplus.....		
33. Surplus adjustments:		
33.1 Paid in.....		9,500,000
33.2 Transferred to capital (Stock Dividend).....		(500,000)
33.3. Transferred from capital.....		
34. Net remittances from or (to) Home Office.....		
35. Dividends to stockholders.....		
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....		
37. Aggregate write-ins for gains and losses in surplus.....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	547,677	8,812,109
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	25,691,309	25,143,631
<b>DETAILS OF WRITE-INS</b>		
0501. ....		
0502. ....		
0503. ....		
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....	0	0
1401. Miscellaneous Income.....	250	90,500
1402. ....		
1403. ....		
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	250	90,500
3701. ....		
3702. ....		
3703. ....		
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above).....	0	0

## CASH FLOW

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....	7,928,690	6,780,816
2. Net investment income.....	597,603	225,319
3. Miscellaneous income.....	250	90,500
4. Total (Lines 1 through 3).....	8,526,543	7,096,635
5. Benefit and loss related payments.....		(1)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	4,771,488	5,079,694
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	75,000	215,000
10. Total (Lines 5 through 9).....	4,846,488	5,294,693
11. Net cash from operations (Line 4 minus Line 10).....	3,680,055	1,801,942
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	991,483	793,338
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		134
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	991,483	793,472
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	1,732,571	21,652,676
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	1,732,571	21,652,676
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(741,088)	(20,859,204)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		9,500,000
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	(53,553)	4,415
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(53,553)	9,504,415
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	2,885,414	(9,552,847)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	1,625,962	11,178,810
19.2 End of year (Line 18 plus Line 19.1).....	4,511,376	1,625,962

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001		
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# CONTINENTAL HERITAGE INSURANCE COMPANY

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 1 - PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums December 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums December 31 Current Year- per Col. 5, Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire.....	0		0	0
2. Allied lines.....	0		0	0
3. Farmowners multiple peril.....	0		0	0
4. Homeowners multiple peril.....	0		0	0
5. Commercial multiple peril.....	0		0	0
6. Mortgage guaranty.....	0		0	0
8. Ocean marine.....	0		0	0
9. Inland marine.....	0		0	0
10. Financial guaranty.....	0		0	0
11.1 Medical professional liability - occurrence.....	0		0	0
11.2 Medical professional liability - claims-made.....	0		0	0
12. Earthquake.....	0		0	0
13. Group accident and health.....	0		0	0
14. Credit accident and health (group and individual).....	0		0	0
15. Other accident and health.....	0		0	0
16. Workers' compensation.....	0		0	0
17.1 Other liability - occurrence.....	0		0	0
17.2 Other liability - claims-made.....	0		0	0
17.3 Excess workers' compensation.....	0		0	0
18.1 Products liability - occurrence.....	0		0	0
18.2 Products liability - claims-made.....	62,016		46,029	15,987
19.1, 19.2 Private passenger auto liability.....	0		0	0
19.3, 19.4 Commercial auto liability.....	0		0	0
21. Auto physical damage.....	0		0	0
22. Aircraft (all perils).....	0		0	0
23. Fidelity.....	0		0	0
24. Surety.....	7,798,511	3,305,384	3,671,507	7,432,388
26. Burglary and theft.....	0		0	0
27. Boiler and machinery.....	0		0	0
28. Credit.....	0		0	0
29. International.....	0		0	0
30. Warranty.....	0		0	0
31. Reinsurance - nonproportional assumed property.....	0		0	0
32. Reinsurance - nonproportional assumed liability.....	0		0	0
33. Reinsurance - nonproportional assumed financial lines.....	0		0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0
35. TOTALS.....	7,860,527	3,305,384	3,717,536	7,448,375

#### DETAILS OF WRITE-INS

3401. ....	0		0	0
3402. ....	0		0	0
3403. ....	0		0	0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0

# CONTINENTAL HERITAGE INSURANCE COMPANY

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned But Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire.....					0
2. Allied lines.....					0
3. Farmowners multiple peril.....					0
4. Homeowners multiple peril.....					0
5. Commercial multiple peril.....					0
6. Mortgage guaranty.....					0
8. Ocean marine.....					0
9. Inland marine.....					0
10. Financial guaranty.....					0
11.1 Medical professional liability - occurrence.....					0
11.2 Medical professional liability - claims-made.....					0
12. Earthquake.....					0
13. Group accident and health.....					0
14. Credit accident and health (group and individual).....					0
15. Other accident and health.....					0
16. Workers' compensation.....					0
17.1 Other liability - occurrence.....					0
17.2 Other liability - claims-made.....					0
17.3 Excess workers' compensation.....					0
18.1 Products liability - occurrence.....					0
18.2 Products liability - claims-made.....	46,029				46,029
19.1, 19.2 Private passenger auto liability.....					0
19.3, 19.4 Commercial auto liability.....					0
21. Auto physical damage.....					0
22. Aircraft (all perils).....					0
23. Fidelity.....					0
24. Surety.....	3,671,507				3,671,507
26. Burglary and theft.....					0
27. Boiler and machinery.....					0
28. Credit.....					0
29. International.....					0
30. Warranty.....					0
31. Reinsurance - nonproportional assumed property.....					0
32. Reinsurance - nonproportional assumed liability.....					0
33. Reinsurance - nonproportional assumed financial lines.....					0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0
35. TOTALS.....	3,717,536	0	0	0	3,717,536
36. Accrued retrospective premiums based on experience.....					
37. Earned but unbilled premiums.....					0
38. Balance (sum of Lines 35 through 37).....					3,717,536

#### DETAILS OF WRITE-INS

3401. ....					0
3402. ....					0
3403. ....					0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0

(a) State here basis of computation used in each case: Monthly Pro-Rata

# CONTINENTAL HERITAGE INSURANCE COMPANY

## UNDERWRITING AND INVESTMENT EXHIBIT

### PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written (Cols. 1 + 2 + 3 - 4 - 5)
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire.....						.0
2. Allied lines.....						.0
3. Farmowners multiple peril.....						.0
4. Homeowners multiple peril.....						.0
5. Commercial multiple peril.....						.0
6. Mortgage guaranty.....						.0
8. Ocean marine.....						.0
9. Inland marine.....						.0
10. Financial guaranty.....						.0
11.1 Medical professional liability - occurrence.....						.0
11.2 Medical professional liability - claims-made.....						.0
12. Earthquake.....						.0
13. Group accident and health.....						.0
14. Credit accident and health (group and individual).....						.0
15. Other accident and health.....						.0
16. Workers' compensation.....						.0
17.1 Other liability - occurrence.....						.0
17.2 Other liability - claims-made.....						.0
17.3 Excess workers' compensation.....						.0
18.1 Products liability - occurrence.....						.0
18.2 Products liability - claims-made.....	62,016					62,016
19.1, 19.2 Private passenger auto liability.....						.0
19.3, 19.4 Commercial auto liability.....						.0
21. Auto physical damage.....						.0
22. Aircraft (all perils).....						.0
23. Fidelity.....						.0
24. Surety.....	8,060,440		3,376		265,305	7,798,511
26. Burglary and theft.....						.0
27. Boiler and machinery.....						.0
28. Credit.....						.0
29. International.....						.0
30. Warranty.....						.0
31. Reinsurance - nonproportional assumed property.....	XXX					.0
32. Reinsurance - nonproportional assumed liability.....	XXX					.0
33. Reinsurance - nonproportional assumed financial lines.....	XXX					.0
34. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
35. TOTALS.....	8,122,456	.0	3,376	.0	265,305	7,860,527

#### DETAILS OF WRITE-INS

3401. ....						.0
3402. ....						.0
3403. ....						.0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	.0	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	.0	.0	.0	.0	.0	.0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [ ] No [ ]

If yes: 1. The amount of such installment premiums \$.....0.

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$.....0.

**CONTINENTAL HERITAGE INSURANCE COMPANY**  
**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2 - LOSSES PAID AND INCURRED**

Line of Business	Losses Paid Less Salvage				Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire.....	.....	.....	.....	0	0	.....	0	0.0
2. Allied lines.....	.....	.....	.....	0	0	.....	0	0.0
3. Farmowners multiple peril.....	.....	.....	.....	0	0	.....	0	0.0
4. Homeowners multiple peril.....	.....	.....	.....	0	0	.....	0	0.0
5. Commercial multiple peril.....	.....	.....	.....	0	0	.....	0	0.0
6. Mortgage guaranty.....	.....	.....	.....	0	0	.....	0	0.0
8. Ocean marine.....	.....	.....	.....	0	0	.....	0	0.0
9. Inland marine.....	.....	.....	.....	0	0	.....	0	0.0
10. Financial guaranty.....	.....	.....	.....	0	0	.....	0	0.0
11.1 Medical professional liability - occurrence.....	.....	.....	.....	0	0	.....	0	0.0
11.2 Medical professional liability - claims-made.....	.....	.....	.....	0	0	.....	0	0.0
12. Earthquake.....	.....	.....	.....	0	0	.....	0	0.0
13. Group accident and health.....	.....	.....	.....	0	0	.....	0	0.0
14. Credit accident and health (group and individual).....	.....	.....	.....	0	0	.....	0	0.0
15. Other accident and health.....	.....	.....	.....	0	0	.....	0	0.0
16. Workers' compensation.....	.....	.....	.....	0	0	.....	0	0.0
17.1 Other liability - occurrence.....	.....	.....	.....	0	0	.....	0	0.0
17.2 Other liability - claims-made.....	.....	.....	.....	0	0	.....	0	0.0
17.3 Excess workers' compensation.....	.....	.....	.....	0	0	.....	0	0.0
18.1 Products liability - occurrence.....	.....	.....	.....	0	0	.....	0	0.0
18.2 Products liability - claims-made.....	.....	.....	.....	7,994	7,994	.....	7,994	50.0
19.1, 19.2 Private passenger auto liability.....	.....	.....	.....	0	0	.....	0	0.0
19.3, 19.4 Commercial auto liability.....	.....	.....	.....	0	0	.....	0	0.0
21. Auto physical damage.....	.....	.....	.....	0	0	.....	0	0.0
22. Aircraft (all perils).....	.....	.....	.....	0	0	.....	0	0.0
23. Fidelity.....	.....	.....	.....	0	0	.....	0	0.0
24. Surety.....	.....	.....	.....	0	1,903,950	.....	1,108,649	14.9
26. Burglary and theft.....	.....	.....	.....	0	0	.....	0	0.0
27. Boiler and machinery.....	.....	.....	.....	0	0	.....	0	0.0
28. Credit.....	.....	.....	.....	0	0	.....	0	0.0
29. International.....	.....	.....	.....	0	0	.....	0	0.0
30. Warranty.....	.....	.....	.....	0	0	.....	0	0.0
31. Reinsurance - nonproportional assumed property.....	.....	.....	.....	0	0	.....	0	0.0
32. Reinsurance - nonproportional assumed liability.....	.....	.....	.....	0	0	.....	0	0.0
33. Reinsurance - nonproportional assumed financial lines.....	.....	.....	.....	0	0	.....	0	0.0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0.0
35. TOTALS.....	0	0	0	0	1,911,944	796,301	1,116,643	15.0
DETAILS OF WRITE-INS								
3401.....	.....	.....	.....	0	0	.....	0	0.0
3402.....	.....	.....	.....	0	0	.....	0	0.0
3403.....	.....	.....	.....	0	0	.....	0	0.0
3498.....	.....	.....	.....	0	0	.....	0	0.0
3499.....	.....	.....	.....	0	0	.....	0	0.0
Summary of remaining write-ins for Line 34 from overflow page.....								
Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....								
XXX.....								

## CONTINENTAL HERITAGE INSURANCE COMPANY

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses					Incurred But Not Reported	7 Reinsurance Ceded	8 Net Losses Unpaid (Cols. 4 + 5 + 6 + 7)	9 Net Unpaid Loss Adjustment Expenses
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	5 Direct				
1. Fire.....				.0				.0	
2. Allied lines.....				.0				.0	
3. Farmowners multiple peril.....				.0				.0	
4. Homeowners multiple peril.....				.0				.0	
5. Commercial multiple peril.....				.0				.0	
6. Mortgage guaranty.....				.0				.0	
8. Ocean marine.....				.0				.0	
9. Inland marine.....				.0				.0	
10. Financial guaranty.....				.0				.0	
11.1 Medical professional liability - occurrence.....				.0				.0	
11.2 Medical professional liability - claims-made.....				.0				.0	
12. Earthquake.....				.0				.0	
13. Group accident and health.....				.0				.0	
14. Credit accident and health (group and individual).....				.0				(a)	
15. Other accident and health.....				.0				(a)	
16. Workers' compensation.....				.0				.0	
17.1 Other liability - occurrence.....				.0				.0	
17.2 Other liability - claims-made.....				.0				.0	
17.3 Excess workers' compensation.....				.0				.0	
18.1 Products liability - occurrence.....				.0				.0	
18.2 Products liability - claims-made.....				.0	7,994			7,994	
19.1, 19.2 Private passenger auto liability.....				.0	.0			.0	
19.3, 19.4 Commercial auto liability.....				.0	.0			.0	
21. Auto physical damage.....				.0	.0			.0	
22. Aircraft (all perils).....				.0	.0			.0	
23. Fidelity.....				.0	.0			.0	
24. Surety.....				.0	2,060,880	.864	157,794	1,903,950	33,538
26. Burglary and theft.....				.0	.0			.0	
27. Boiler and machinery.....				.0	.0			.0	
28. Credit.....				.0	.0			.0	
29. International.....				.0	.0			.0	
30. Warranty.....				.0	.0			.0	
31. Reinsurance - nonproportional assumed property.....	XXX			.0	XXX			.0	
32. Reinsurance - nonproportional assumed liability.....	XXX			.0	XXX			.0	
33. Reinsurance - nonproportional assumed financial lines.....	XXX			.0	XXX			.0	
34. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.864	157,794	.0	
35. TOTALS.....	.0	.0	.0	.0	2,068,874	.864	157,794	1,911,944	33,538

## DETAILS OF WRITE-INS

3401. ....				.0					.0	
3402. ....				.0					.0	
3403. ....				.0					.0	
3498. Summary of remaining write-ins for Line 34 from overflow page.....	.0	.0	.0	.0	.0	.0		.0	.0	.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	.0	.0	.0	.0	.0	.0		.0	.0	.0

(a) Including \$.....0 for present value of life indemnity claims.

# CONTINENTAL HERITAGE INSURANCE COMPANY UNDERWRITING AND INVESTMENT EXHIBIT

## PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct.....	47,828			47,828
1.2 Reinsurance assumed.....				0
1.3 Reinsurance ceded.....	34,659			34,659
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	13,169	0	0	13,169
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....		2,870,151		2,870,151
2.2 Reinsurance assumed, excluding contingent.....				0
2.3 Reinsurance ceded, excluding contingent.....		9,396		9,396
2.4 Contingent - direct.....				0
2.5 Contingent - reinsurance assumed.....				0
2.6 Contingent - reinsurance ceded.....				0
2.7 Policy and membership fees.....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....	0	2,860,755	0	2,860,755
3. Allowances to manager and agents.....				0
4. Advertising.....		6,673		6,673
5. Boards, bureaus and associations.....		69,126		69,126
6. Surveys and underwriting reports.....				0
7. Audit of assureds' records.....				0
8. Salary and related items:				
8.1 Salaries.....		1,347,164	20,515	1,367,679
8.2 Payroll taxes.....		63,585	968	64,553
9. Employee relations and welfare.....		167,251	2,547	169,798
10. Insurance.....		46,820		46,820
11. Directors' fees.....		13,297	203	13,500
12. Travel and travel items.....		60,298	918	61,216
13. Rent and rent items.....		188,749	2,874	191,623
14. Equipment.....		21,592	329	21,921
15. Cost or depreciation of EDP equipment and software.....				0
16. Printing and stationery.....		47,388	722	48,110
17. Postage, telephone and telegraph, exchange and express.....		44,007	670	44,677
18. Legal and auditing.....		377,028	5,742	382,770
19. Totals (Lines 3 to 18).....	0	2,452,978	35,488	2,488,466
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....		700,311		700,311
20.2 Insurance department licenses and fees.....		12,078		12,078
20.3 Gross guaranty association assessments.....				0
20.4 All other (excluding federal and foreign income and real estate).....		2,500		2,500
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	0	714,889	0	714,889
21. Real estate expenses.....				0
22. Real estate taxes.....				0
23. Reimbursements by uninsured plans.....				0
24. Aggregate write-ins for miscellaneous expenses.....	0	98,916	82,993	181,909
25. Total expenses incurred.....	13,169	6,127,538	118,481	(a) 6,259,188
26. Less unpaid expenses - current year.....	33,538	1,543,943	16,861	1,594,342
27. Add unpaid expenses - prior year.....	20,370	115,511	11,113	146,994
28. Amounts receivable relating to uninsured plans, prior year.....				0
29. Amounts receivable relating to uninsured plans, current year.....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....	1	4,699,106	112,733	4,811,840

## DETAILS OF WRITE-INS

2401. Other Outside Service.....			82,993	82,993
2402. Data Processing.....		77,698		77,698
2403. Other Expenses.....		21,218		21,218
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above).....	0	98,916	82,993	181,909

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

# CONTINENTAL HERITAGE INSURANCE COMPANY EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....137,627	.....140,926
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....500,429	.....514,561
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....7,495	.....8,524
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....645,551	.....664,011
11. Investment expenses.....	.....	(g).....118,481
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....118,481
17. Net investment income (Line 10 minus Line 16).....	.....	.....545,530

## DETAILS OF WRITE-INS

0901. ....	.....	.....
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....	.....0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	.....	.....0
(a) Includes \$.....9,000 accrual of discount less \$.....72,786 amortization of premium and less \$.....3,401 paid for accrued interest on purchases.	.....	.....
(b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.	.....	.....
(c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.	.....	.....
(d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.	.....	.....
(e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.	.....	.....
(f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.	.....	.....
(g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.	.....	.....
(h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.	.....	.....
(i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.	.....	.....

## EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....(1,905)	.....	.....(1,905)	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....	.....	.....0	.....	.....
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....	.....	.....0	.....	.....
2.21 Common stocks of affiliates.....	.....	.....	.....0	.....	.....
3. Mortgage loans.....	.....	.....	.....0	.....	.....
4. Real estate.....	.....	.....	.....0	.....	.....
5. Contract loans.....	.....	.....	.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	.....0	.....	.....
7. Derivative instruments.....	.....	.....	.....0	.....	.....
8. Other invested assets.....	.....	.....	.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....(1,905)	.....0	.....(1,905)	.....0	.....0

## DETAILS OF WRITE-INS

0901. ....	.....	.....	.....0	.....	.....
0902. ....	.....	.....	.....0	.....	.....
0903. ....	.....	.....	.....0	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0	.....0	.....0	.....0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	.....0	.....0	.....0	.....0	.....0

# CONTINENTAL HERITAGE INSURANCE COMPANY

## EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....		187	187
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....	18,385	3,306	(15,079)
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other-than-invested assets.....	22,763	17,348	(5,416)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	41,148	20,841	(20,308)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	41,148	20,841	(20,308)

### DETAILS OF WRITE-INS

1101. ....			0
1102. ....			0
1103. ....			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Prepaid Insurance.....	22,763	17,348	(5,416)
2502. ....			0
2503. ....			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	22,763	17,348	(5,416)

## NOTES TO FINANCIAL STATEMENTS

## Note 1 – Summary of Significant Accounting Policies and Going Concern

## A. Accounting Practices

The financial statements of Continental Heritage Insurance Company (Company) are presented on the basis of accounting practices prescribed or permitted by the Florida Office of Insurance Regulation (OIR).

The OIR recognizes only statutory accounting practices prescribed or permitted by the State of Florida for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under Florida insurance law. The Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Florida. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. In addition, the Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

Pursuant to Chapter 624.4094 of the Florida insurance code, direct written premiums for bail bonds shall be reported net of any amounts retained by licensed bail bond agents or licensed managing general agents. Neither net income nor statutory surplus are affected by this treatment. Insurance premium tax and related excise taxes continue to be calculated using gross bail bond premiums. Gross bail bond premium, premium taxes incurred, and consideration withheld by agents and not reported as an expense in the accompanying financial statements are as follows:

## FY 2018 (YTD)

	Gross bail premium	Premium taxes incurred	Agents consideration not reported
California	\$ 8,006,159	\$ 188,144	\$ 7,565,821
Florida	8,557,811	9,270	8,028,083
Georgia	625,111	29,693	590,730
Iowa	425,138	7,440	401,925
Idaho	947,981	16,590	894,041
Louisiana	603,386	574	570,562
Minnesota	431,513	8,630	407,823
Mississippi	13,487	405	12,745
Nevada	889,175	31,121	850,674
Ohio	475,825	8,327	449,654
Tennessee	3,898,702	97,468	3,684,273
Texas	600,183	10,503	567,173
Total	\$ 25,474,471	\$408,165	\$ 24,023,504

The amount of net earned bail bond premium (after reinsurance) included on the surety line is \$1,457,592.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Florida is shown below:

	SSAP #	F/S Page	F/S Line #	2018	2017
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 538,529	\$ (821,076)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
Gross Bail Premium not reported	53	4	1	\$ 24,023,504	\$ 26,531,101
Agents Consideration not reported	53	4	1	\$ (24,023,504)	\$ (26,531,101)
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 538,529	\$ (821,076)
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 25,691,310	\$ 25,143,631
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 25,691,310	\$ 25,143,631

## B. Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

## C. Accounting Policy

Premiums are earned over the terms of the related policies and reinsurance contracts. Unearned premiums are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance.

Expenses incurred with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable. Agent commission on bail premiums are reported as a reduction to gross written bail premium. See Footnote (A) above.

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**NOTES TO FINANCIAL STATEMENTS**


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In addition, the Company uses the following accounting policies:

- (1) Basis for Short-Term Investments  
The Company does not have short-term investments.
- (2) Basis for Bonds and Amortization Schedule  
Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) Basis for Common Stocks  
The Company does not have investments in common stocks.
- (4) Basis for Preferred Stocks  
The Company does not have investments in preferred stocks.
- (5) Basis for Mortgage Loans  
The Company does not have investments in mortgage loans.
- (6) Basis for Loan-Backed Securities and Adjustment Methodology  
Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair market value. The retrospective adjustment method is used to value such securities.
- (7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities  
The Company does not have investments in common stocks of uncombined subsidiaries and affiliates.
- (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities  
The Company does not invest in joint ventures, partnerships and limited liability companies.
- (9) Accounting Policies for Derivatives  
The Company does not invest in derivatives.
- (10) Anticipated Investment Income Used in Premium Deficiency Calculation  
The Company does not have premium deficiency.
- (11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses for A&H Contracts  
Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
- (12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period  
The Company has not modified its capitalization policy from prior period.
- (13) Method Used to Estimate Pharmaceutical Rebate Receivables  
The Company does not have any pharmaceutical rebate receivables.

- D. Going Concern  
No going concern issues.

**Note 2 – Accounting Changes and Correction of Errors**

Not applicable

**Note 3 – Business Combinations and Goodwill**

- A. Statutory Purchase Method  
Not Applicable
- B. Statutory Merger  
Not Applicable
- C. Impairment Loss  
Not Applicable

**Note 4 – Discontinued Operations**

Not Applicable

**Note 5 – Investments**

- A. Mortgage Loans, including Mezzanine Real Estate Loans  
Not Applicable
- B. Debt Restructuring  
Not Applicable
- C. Reverse Mortgages  
Not Applicable
- D. Loan-Backed Securities  
Not Applicable

## NOTES TO FINANCIAL STATEMENTS

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions  
Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale  
Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale  
Not Applicable
- J. Real Estate  
Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC)  
Not Applicable
- L. Restricted Assets

## (1) Restricted Assets (Including Pledged)

Restricted Asset Category	Gross (Admitted & Nonadmitted)				Restricted		Current Year				
	Current Year				5	6	7	8	9	Percentage	
	1	2	3	4						10	11
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	\$	\$	\$	\$	%	%
b. Collateral held under security lending arrangements										%	%
c. Subject to repurchase agreements										%	%
d. Subject to reverse repurchase agreements										%	%
e. Subject to dollar repurchase agreements										%	%
f. Subject to dollar reverse repurchase agreements										%	%
g. Placed under option contracts										%	%
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock										%	%
i. FHLB capital stock										%	%
j. On deposit with states	2,907,198				2,907,198	2,901,391	5,807		2,907,198	8.8%	8.8%
k. On deposit with other regulatory bodies	325,881				325,881	200,905	124,976		325,881	1.0%	1.0%
l. Pledged as collateral to FHLB (including assets backing funding agreements)										%	%
m. Pledged as collateral not captured in other categories										%	%
n. Other restricted assets										%	%
o. Total Restricted Assets	\$ 3,233,079	\$	\$	\$	\$ 3,233,079	\$ 3,102,296	\$ 130,783	\$	\$ 3,233,079	9.8%	9.8%

(a) Subset of column 1

(b) Subset of column 3

(c) Column 5 divided by Asset Page, Column 1, Line 28

(d) Column 9 divided by Asset Page, Column 3, Line 28

- (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate)

Not Applicable

- (3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate)

Not Applicable

- (4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Not Applicable

- M. Working Capital Finance Investments  
Not Applicable

- N. Offsetting and Netting of Assets and Liabilities  
Not Applicable

## NOTES TO FINANCIAL STATEMENTS

- O. Structured Notes  
Not Applicable
- P. 5GI Securities  
Not Applicable
- Q. Short Sales  
Not Applicable
- R. Prepayment Penalty and Acceleration Fees  
Not Applicable

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

- A. Investments in Joint Ventures, Partnerships and Limited Liability Companies that Exceed 10% of Ownership  
Not Applicable
- B. Investments in Impaired Joint Ventures, Partnerships and Limited Liability Companies  
Not Applicable

**Note 7 – Investment Income**

- A. The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:  
The company non-admits investment income due and accrued if not received within 15 days of settlement date.
- B. The total amount excluded:  
Not Applicable

**Note 8 – Derivative Instruments**

Not Applicable

**Note 9 – Income Taxes**

- A. Deferred Tax Assets/(Liabilities)

**1. Components of Net Deferred Tax Asset/(Liability)**

	2018			2017			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	\$ 174,522	\$	\$ 174,522	\$ 143,548	\$	\$ 143,548	\$ 30,974	\$	\$ 30,974
b. Statutory valuation allowance adjustment									
c. Adjusted gross deferred tax assets (1a-1b)	\$ 174,522	\$	\$ 174,522	\$ 143,548	\$	\$ 143,548	\$ 30,974	\$	\$ 30,974
d. Deferred tax assets nonadmitted	18,385		18,385	3,306		3,306	15,079		15,079
e. Subtotal net admitted deferred tax asset (1c-1d)	\$ 156,137	\$	\$ 156,137	\$ 140,242	\$	\$ 140,242	\$ 15,895	\$	\$ 15,895
f. Deferred tax liabilities	4,781	1,650	6,431	3,642	1,271	4,913	1,139	379	1,518
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$ 151,356	\$ (1,650)	\$ 149,706	\$ 136,600	\$ (1,271)	\$ 135,329	\$ 14,756	\$ (379)	\$ 14,377

**2. Admission Calculation Components SSAP No. 101**

	2018			2017			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 156,137	\$	\$ 156,137	\$ 140,243	\$	\$ 140,243	\$ 15,894	\$	\$ 15,894
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)									
1. Adjusted gross									

**NOTES TO FINANCIAL STATEMENTS**

	1	2018 2	3 (Col 1+2) Total	4	2017 5	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	Change 8 (Col 2-5) Capital	9 (Col 7+8) Total
deferred tax assets expected to be realized following the balance sheet date	Ordinary	Capital		Ordinary	Capital				
2. Adjusted gross deferred tax assets allowed per limitation threshold									
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities									
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c))	\$ 156,137	\$	\$ 156,137	\$ 140,243	\$	\$ 140,243	\$ 15,894	\$	\$ 15,894

## 3. Other Admissibility Criteria

	2018	2017
a. Ratio percentage used to determine recovery period and threshold limitation amount	1,021.0%	1,299.8%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 25,541,604	\$ 25,008,302

## 4. Impact of Tax Planning Strategies

## (a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	2018		2017		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 174,522	\$	\$ 143,548	\$	\$ 30,974	\$
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 156,137	\$	\$ 140,242	\$	\$ 15,895	\$
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

(b) Does the company's tax planning strategies include the use of reinsurance? NO

## B. Deferred Tax Liabilities Not Recognized

Not Applicable

## C. Current and Deferred Income Taxes

## 1. Current Income Tax

	1 2018	2 2017	3 (Col 1-2) Change
a. Federal	\$ 196,371	\$ (85,116)	\$ 281,487
b. Foreign	\$	\$	\$
c. Subtotal	\$ 196,371	\$ (85,116)	\$ 281,487
d. Federal income tax on net capital gains	\$	\$	\$
e. Utilization of capital loss carry-forwards	\$	\$	\$
f. Other	\$	\$	\$
g. Federal and Foreign income taxes incurred	\$ 196,371	\$ (85,116)	\$ 281,487

**NOTES TO FINANCIAL STATEMENTS**

## 2. Deferred Tax Assets

	1 2018	2 2017	3 (Col 1-2) Change
<b>a. Ordinary:</b>			
1. Discounting of unpaid losses	\$ 18,385	\$ 4,722	\$ 13,663
2. Unearned premium reserve	156,137	138,826	17,311
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs			
6. Policyholder dividends accrual			
7. Fixed assets			
8. Compensation and benefits accrual			
9. Pension accrual			
10. Receivables - nonadmitted			
11. Net operating loss carry-forward			
12. Tax credit carry-forward			
13. Other (items <=5% and >5% of total ordinary tax assets)			
Other (items listed individually >5% of total ordinary tax assets)			
99. Subtotal	174,522	143,548	30,974
b. Statutory valuation allowance adjustment			
c. Nonadmitted	18,385	3,306	15,079
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	156,137	140,242	15,895
<b>e. Capital:</b>			
1. Investments	\$	\$	\$
2. Net capital loss carry-forward			
3. Real estate			
4. Other (items <=5% and >5% of total capital tax assets)			
Other (items listed individually >5% of total capital tax assets)			
99. Subtotal	\$	\$	\$
f. Statutory valuation allowance adjustment			
g. Nonadmitted			
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)	\$ 156,137	\$ 140,242	\$ 15,895

## 3. Deferred Tax Liabilities

	1 2018	2 2017	3 (Col 1-2) Change
<b>a. Ordinary:</b>			
1. Investments	\$	\$	\$
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (items <=5% and >5% of total ordinary tax liabilities)	4,781	3,642	1,139
Other (items listed individually >5% of total ordinary tax liabilities)			
99. Subtotal	4,781	3,642	1,139
<b>b. Capital:</b>			
1. Investments	1,650	1,271	379
2. Real estate			
3. Other (items <=5% and >5% of total capital tax liabilities)			
Other (items listed individually >5% of total capital tax liabilities)			
99. Subtotal	1,650	1,271	379
c. Deferred tax liabilities (3a99+3b99)	\$ 6,431	\$ 4,913	\$ 1,518
4. Net Deferred Tax Assets (2i - 3c)	\$ 149,706	\$ 135,329	\$ 14,377

## D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Among the more significant book to tax adjustments were the following:

	Amount	Effective Tax Rate (%)
<b>Permanent Differences:</b>		
Provision computed at statutory rate	\$ 154,329	21.0%
Proration of tax exempt investment income		%
Tax exempt income deduction		%
Dividends received deduction		%
Disallowed travel and entertainment	1,112	0.1%
Other permanent differences	4,997	0.7%
<b>Temporary Differences:</b>		
Total ordinary DTAs		%
Total ordinary DTLs		%
Total capital DTAs		%
Total capital DTLs		%
<b>Other:</b>		

## NOTES TO FINANCIAL STATEMENTS

	Amount	Effective Tax Rate (%)
Statutory valuation allowance adjustment		%
Accrual adjustment – prior year	4,806	0.7%
Other	1,671	0.2%
Totals	166,915	22.7%
Federal and foreign income taxes incurred	196,371	26.7%
Realized capital gains (losses) tax		%
Change in net deferred income taxes	(29,456)	(4.0)%
Total statutory income taxes	\$ 166,915	22.7%

## E. Operating Loss Carryforwards and Income Taxes Available for Recoupment

- The amounts, origination dates and expiration dates of operating loss and tax credit carry forwards available for tax purposes:  
As of December 31, 2018, the Company did not have any unused operating loss carryforwards available to offset against future taxable income.
- The following is income tax expense for current year and proceeding years that is available for recoupment in the event of future net losses:

Year	Amounts
2018	\$191,565

- The Company's aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code is .  
Not Applicable

F. Consolidated Federal Income Tax Return  
Not ApplicableG. Federal or Foreign Federal Income Tax Loss Contingencies:  
Not ApplicableH. Repatriation Transition Tax (RTT) - RTT owed under the TCJA  
Not ApplicableI. Alternative Minimum Tax (AMT Credit)  
Not Applicable**Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

## A. Nature of the Relationship Involved

The Company stock ownership structure is as follows:

- Continental Heritage Holding Company LLC – 80% Common Stock ownership, 100% Preferred Stock ownership
- Parish Investments, LLC – 10% Common Stock ownership
- Gary M. Williams Trust – 5% Common Stock ownership
- Bradley M. Williams Trust – 5% Common Stock ownership

Parish Investments, LLC is controlled by Cyril E. Parish Jr. (C.E. Parish), its President and 100% owner of Class A voting units. C.E. Parish also controls C.E. Parish General Agency (Parish). C.E. Parish is an officer of the Company.

Gary M. Williams Trust sole trustee is Gary M. Williams (G. Williams). G. Williams also has ownership interest in Williams National Surety Corporation (Williams). G. Williams is an officer of the Company.

Bradley M. Williams Trust trustee is Southeast National Bank.

## B. Transactions

Detail of Transactions Greater than 1/2% of Admitted Assets:

In 2018 and 2017, the Company paid Williams \$250,380 and \$260,791 respectively, of commissions for bail bonds through an operating agreement.

In 2018 and 2017, the Company paid Parish \$756,969 and \$784,073 respectively, of commissions for bail bonds through an operating agreement.

No cash dividends were paid by the Company in 2018.

On September 27, 2017, Continental Heritage Holding Company, LLC made a capital contribution in the amount of \$5,500,000.

On March 30, 2017, Continental Heritage Holding Company, LLC made a capital contribution in the amount of \$4,000,000.

C. Dollar Amounts of Transactions  
Included in Section B above

## D. Amounts Due From or To Related Parties

At December 31, 2018, the Company reports amount due to related parties and affiliates as follows:  
– Parish \$10,301 - settled on a periodic basis

At December 31, 2017, the Company reports amount due to related parties and affiliates as follows:  
– Parish \$19,379 - settled on a periodic basis

## NOTES TO FINANCIAL STATEMENTS

- E. Guarantees or Undertakings  
Not applicable
- F. Material Management or Service Contracts and Cost-Sharing Arrangements  
Not applicable
- G. Nature of the Control Relationship  
80% of the outstanding voting shares of the Company are owned by Continental Heritage Holding Company, LLC
- H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned  
Not applicable
- I. Investments in SCA that Exceed 10% of Admitted Assets  
Not applicable
- J. Investments in Impaired SCAs  
Not applicable
- K. Investment in Foreign Insurance Subsidiary  
Not applicable
- L. Investment in Downstream Noninsurance Holding Company  
Not applicable
- M. All SCA Investments  
Not applicable
- N. Investment in Insurance SCAs  
Not applicable
- O. SCA Loss Tracking  
Not applicable

**Note 11 – Debt**

Not Applicable

**Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

Not Applicable

**Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations**

- (1) Number of Share and Par or State Value of Each Class  
The Company has 100,000 shares of \$100.00 par value common stock authorized and 25,000 shares issued and outstanding.  
  
The Company has 10,000 shares of \$83.34 par value preferred stock authorized and 6,000 shares issued and outstanding.
- (2) Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues  
Not Applicable
- (3) Dividend Restrictions  
The maximum dividend which can be paid by a Florida domestic stock insurer is subject to restrictions relating to the maintenance of minimum surplus. A summary of Chapter 628.371(2) of the Florida insurance code:
  - (1) A domestic stock insurer shall not pay any dividend or distribute cash or other property to stockholders except out of that part of its available and accumulated surplus funds which is derived from realized net operating profits on its business and net realized capital gains.
  - (2) Dividend payments or distributions to stockholders, without prior written approval of the Florida Office of Insurance Regulation (OIR), shall not exceed the larger of:
    - a. The lesser of ten percent of surplus or net income;
    - b. Ten percent of surplus, with dividends payable constrained to unassigned funds minus 25 percent of unrealized capital gains;
    - c. The lesser of ten percent of surplus or net investment income.

Accordingly, the maximum dividend payout to stockholders that may be made without prior approval of the OIR in 2019 is \$1,820,832.

Based on the Company's Articles of Incorporation, the preferred shareholders will be entitled to, on an accumulative basis, the first \$660,000 of any dividends declared for each calendar year. This shall be effective for all dividends declared subsequent to July 1, 2011.

In addition to the restrictions identified above, in conjunction with the approval of amendments to its Certificate of Authority, the Company has committed to the California Department of Insurance that it would not, without prior approval, declare dividends to the shareholders of the Company, subject to any restrictions by taxing authorities, for a period of three years beginning June 28, 2018.

- (4) Dates and Amounts of Dividends Paid  
On December 13, 2017, with the approval of its Board of Directors, the Company issued 10,000 shares of Common Stock to its shareholders on pro rata basis; the number of total Common Shares outstanding was increased from 15,000 to 25,000. There was no transfer of ownership as a result of the stock dividend and the net impact to total capital and surplus was zero.

## NOTES TO FINANCIAL STATEMENTS

- (5) Profits that may be Paid as Ordinary Dividends to Stockholders  
Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) Restrictions Plans on Unassigned Funds (Surplus)  
Within the limitations of (3) above, there are no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) Amount of Advances to Surplus not Repaid  
Not Applicable
- (8) Amount of Stock Held for Special Purposes  
Not Applicable
- (9) Reasons for Changes in Balance of Special Surplus Funds from Prior Period  
Not Applicable
- (10) The Portion of Unassigned Funds (Surplus) Represented or Reduced by Unrealized Gains and Losses is: \$0.
- (11) The Reporting Entity Issued the Following Surplus Debentures or Similar Obligations  
Not Applicable
- (12) The impact of any restatement due to prior quasi-reorganizations is as follows  
Not Applicable
- (13) Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization  
Not Applicable

**Note 14 – Liabilities, Contingencies and Assessments**

- A. Contingent Commitments  
Not Applicable

- B. Assessments

The Company is subject to guaranty fund and other assessments by the states in which it writes business. Guaranty fund assessments should be accrued at the time of insolvencies. Other assessments should be accrued either at the time of assessments or in the case of premium based assessments, at the time the premiums were written, or, in the case of loss based assessments, at the time the losses are incurred.

The Company is not aware of any such insolvencies and has therefore, not accrued any liability for guaranty fund and other assessments as of December 31, 2018. This represents management's best estimate based on information received from the states in which the Company writes business and may change due to many factors including the Company's share of the ultimate cost of current insolvencies.

- C. Gain Contingencies  
Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits  
Not Applicable
- E. Product Warranties  
Not Applicable
- F. Joint and Several Liabilities  
Not Applicable
- G. All Other Contingencies  
Various lawsuits against the Company have arisen in the course of the Company's normal business operations. Contingent liabilities arising from litigation, income taxes, and other matters are not considered material in relation to the financial position of the Company. The Company has no asset that it considers to be impaired.

**Note 15 – Leases**

- A. Lessee Operating Lease

Effective August 14<sup>th</sup>, 2018 and commencing September 1<sup>st</sup>, 2018 Continental Heritage Insurance Company entered into a non-cancelable sublease arrangement with a related party for approx. 10,000 square feet of furnished commercial office space at 200 Park Avenue, Orange Village, Ohio. The sublessor and the Company share certain common ownership but are not commonly-controlled entities. Rental expense is recognized evenly over the 63-month term which will expire on December 31<sup>st</sup>, 2023.

The future minimum lease payments required under the new operating lease for next five years are:

2019	\$239,250
2020	\$239,250
2021	\$239,250
2022	\$239,250
2023	\$239,250
<b>Total</b>	<b>\$1,196,250</b>

Through Dec 31<sup>st</sup>, 2018, the Company also remained obligated under its prior lease for commercial office space at 6150 Parkland Blvd, Mayfield Heights, OH, 44124 at a rate of \$7,130 per month.

Rent expense incurred under both leases for 2018 was \$191,623.

## NOTES TO FINANCIAL STATEMENTS

- B. Lessor Leases  
Not Applicable

**Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

Not Applicable

**Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

Not Applicable

**Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

- A. ASO Plans  
Not Applicable
- B. ASC Plans  
Not Applicable
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract  
Not Applicable

**Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

Not Applicable

**Note 20 – Fair Value Measurements**

- A. Fair Value Measurements  
Not Applicable - no assets measured at fair value
- B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements  
Not Applicable
- C. Fair Value Level

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 26,791,472	\$ 27,330,179	\$ 6,633,420	\$ 20,158,052	\$	\$	\$
Cash & Short Term Investments	\$ 4,511,375	\$ 4,511,375	\$ 4,511,375	\$	\$	\$	\$

- D. Not Practicable to Estimate Fair Value  
Not Applicable
- E. NAV Practical Expedient Investments  
Not Applicable

**Note 21 – Other Items**

- A. Unusual or Infrequent Items  
Not Applicable
- B. Troubled Debt Restructuring Debtors  
Not Applicable
- C. Other Disclosures  
Not Applicable
- D. Business Interruption Insurance Recoveries  
Not Applicable
- E. State Transferable and Non-Transferable Tax Credits  
Not Applicable
- F. Subprime Mortgage Related Risk Exposure  
Not Applicable
- G. Insurance-Linked Securities (ILS) Contracts  
Not Applicable

**Note 22 – Events Subsequent**

- A. Type 1 – Recognized Subsequent Events:  
There were no subsequent events meriting disclosure through February 26, 2019 for the statutory statements issued on February 27, 2019.
- B. Type 2 – Non-recognized Subsequent Events:  
There were no subsequent events meriting disclosure through February 26, 2019 for the statutory statements issued on February 27, 2019.

## NOTES TO FINANCIAL STATEMENTS

**Note 23 – Reinsurance**

- A. Unsecured Reinsurance Recoverables  
Not Applicable
- B. Reinsurance Recoverable in Dispute  
Not Applicable
- C. Reinsurance Assumed and Ceded
- (1) Maximum Amount of Return Commission

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	\$	\$	\$	\$	\$	\$
b. All Other	11,120		177,699	3,635	(166,579)	(3,635)
c. Total	\$ 11,120	\$	\$ 177,699	\$ 3,635	\$ (166,579)	\$ (3,635)
d. Direct Unearned Premium Reserves						\$ 3,884,113

- (2) Additional or Return Commission  
Not Applicable
- (3) Types of Risks Attributed to Protected Cell  
Not Applicable
- D. Uncollectible Reinsurance  
Not Applicable
- E. Commutation of Ceded Reinsurance  
Not Applicable
- F. Retroactive Reinsurance  
Not Applicable
- G. Reinsurance Accounted for as a Deposit  
Not Applicable
- H. Disclosures for the Transfer of Property and Casualty Run-off Agreements  
Not Applicable
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation  
Not Applicable
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation  
Not Applicable

**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

Not Applicable

**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**

- A. Change in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2017 were \$816 thousand. As of December 31, 2018, zero has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$33 thousand as a result of re-estimation of unpaid claims and claim adjustment expenses principally on the surety lines of insurance. Therefore, there has been a \$783 thousand favorable prior year development since December 31, 2017 to December 31, 2018. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

- B. Information about Significant Changes in Methodologies and Assumptions  
Not Applicable

**Note 26 – Intercompany Pooling Arrangements**

Not Applicable

**Note 27 – Structured Settlements**

Not Applicable

**Note 28 – Health Care Receivables**

Not Applicable

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## NOTES TO FINANCIAL STATEMENTS

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**Note 29 – Participating Policies**

Not Applicable

**Note 30 – Premium Deficiency Reserves**

Not Applicable

**Note 31 – High Deductibles**

Not Applicable

**Note 32 – Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses**

Not Applicable

**Note 33 – Asbestos/Environmental Reserves**

Not Applicable

**Note 34 – Subscriber Savings Accounts**

Not Applicable

**Note 35 – Multiple Peril Crop Insurance**

Not Applicable

**Note 36 – Financial Guaranty Insurance**

Not Applicable

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

## GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes ☒ No ☐  
If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes ☒ No ☐ N/A ☐
- 1.3 State regulating? FLORIDA
- 1.4 Is the reporting entity publicly traded or a member of publicly traded group? Yes ☐ No ☒
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. \_\_\_\_\_
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes ☐ No ☒
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 04/29/2016
- 3.4 By what department or departments?  
FLORIDA OIR
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes ☐ No ☐ N/A ☒
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes ☒ No ☐ N/A ☐
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes ☒ No ☐
- 4.12 renewals? Yes ☒ No ☐
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes ☒ No ☐
- 4.22 renewals? Yes ☒ No ☐
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes ☐ No ☒  
If the answer is YES, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1<br>Name of Entity | 2<br>NAIC<br>Company<br>Code | 3<br>State of<br>Domicile |
|---------------------|------------------------------|---------------------------|
|                     |                              |                           |
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes ☐ No ☒
- 6.2 If yes, give full information: \_\_\_\_\_
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes ☐ No ☒
- 7.2 If yes,
- 7.21 State the percentage of foreign control \_\_\_\_\_ %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).
- | 1<br>Nationality | 2<br>Type of Entity |
|------------------|---------------------|
|                  |                     |
- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes ☐ No ☒
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. \_\_\_\_\_
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes ☐ No ☒
- 8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)) and identify the affiliate's primary federal regulator.
- | 1<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
|                     |                             |          |          |           |          |
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
SKODA MINOTTI & COMPANY, 6685 BETA DRIVE, MAYFIELD VILLAGE, OH 44143
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes ☐ No ☒
- 10.2 If the response to 10.1 is yes, provide information related to this exemption: \_\_\_\_\_
- 10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes ☐ No ☒
- 10.4 If the response to 10.3 is yes, provide information related to this exemption: \_\_\_\_\_
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes ☒ No ☐ N/A ☐

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

10.6 If the response to 10.5 is no or n/a, please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
TAPIO N. BOLES, FCAS, MAAA, WILLIS TOWERS WATSON, 345 CALIFORNIA STREET, SUITE 2000, SAN FRANCISCO, CA 94104-2612  
ACTUARY/CONSULTANT

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

0

\$ 0

12.2 If yes, provide explanation

## 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year?

Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended?

Yes [ ] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [ ] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
			\$

## BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof?

Yes [X] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes [X] No [ ]

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [X] No [ ]

## FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [ ] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers

\$ 0

20.12 To stockholders not officers

\$ 0

20.13 Trustees, supreme or grand (Fraternal only)

\$ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers

\$ 0

20.22 To stockholders not officers

0

20.23 Trustees, supreme or grand (Fraternal only)

0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement?

Yes [ ] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others

\$ 0

21.22 Borrowed from others

\$ 0

21.23 Leased from others

\$ 0

21.24 Other

\$ 0

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?

Yes [ ] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment

\$ 0

22.22 Amount paid as expenses

\$ 0

22.23 Other amounts paid

\$ 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [ ] No [X]

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

## INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No [ ]

24.02 If no, give full and complete information, relating thereto:

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes [ ] No [ ] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 0

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

24.103 Total payable for securities lending reported on the liability page: \$ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) Yes [X] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements \$ 0

25.22 Subject to reverse repurchase agreements \$ 0

25.23 Subject to dollar repurchase agreements \$ 0

25.24 Subject to reverse dollar repurchase agreements \$ 0

25.25 Placed under option agreements \$ 0

25.26 Letter stock or securities restricted as sale – excluding FHLB Capital Stock \$ 0

25.27 FHLB Capital Stock \$ 0

25.28 On deposit with states \$ 2,907,198

25.29 On deposit with other regulatory bodies \$ 325,881

25.30 Pledged as collateral – excluding collateral pledged to an FHLB \$ 0

25.31 Pledged as collateral to FHLB – including assets backing funding agreements \$ 0

25.32 Other \$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ ]  
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year: \$ 0

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No [ ]

28.01 For agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
HUNTINGTON NATIONAL BANK	7 EASTON OVAL, COLU.BUS, OH 43219

28.02 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "... handle securities"].

1 Name of Firm or Individual	2 Affiliation
NEW ENGLAND ASSET MANAGEMENT	U

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes ☒ No ☐

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes ☒ No ☐

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
SEC FILE #801-22445	NEW ENGLAND ASSET MANAGEMENT	KUR85E5PS4GQFZTFC130	SEC	NO

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)]?)

Yes ☐ No ☒

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
		\$
29.2999 TOTAL		\$

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
		\$	

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	\$ 27,330,179	\$ 26,791,472	\$ (538,707)
30.2	Preferred Stocks	\$ 0	\$ 0	\$ 0
30.3	Totals	\$ 27,330,179	\$ 26,791,472	\$ (538,707)

30.4 Describe the sources or methods utilized in determining the fair values:

Fair values are based on values either published by the NAIC's Security Valuation Office (SVO) or from an independent pricing service vendor such as: ICE Data Services, ICE BofAML Indices, Reuters, Bloomberg, Markit, Markit iBoxx, or PricingDirect. Under certain circumstances, if an SVO price or ven

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes ☐ No ☒

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes ☐ No ☐

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes ☒ No ☐

32.2 If no, list exceptions:

33. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designation 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes ☐ No ☒

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes ☐ No ☒

## OTHER

35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$ 69,126

35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
AM BEST COMPANY	\$ 28,776
INSURANCE SERVICES OFFICE, INC	\$ 20,654

36.1 Amount of payments for legal expenses, if any?

\$ 18,042

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
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## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

PENNINGTON PA ATTORNEYS AT LAW	\$	6,688
SIDLEY AUSTIN LLP	\$	8,336

37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 6,875

37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
PROPERTY CASUALTY INSURERS ASSOC OF AMERICA	\$ 6,875

## GENERAL INTERROGATORIES

## PART 2 – PROPERTY &amp; CASUALTY INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1.2	If yes, indicate premium earned on U.S. business only.	\$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	0
1.31	Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	0
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$	0
1.62	Total incurred claims	\$	0
1.63	Number of covered lives		0
	All years prior to most current three years:		
1.64	Total premium earned	\$	0
1.65	Total incurred claims	\$	0
1.66	Number of covered lives		0
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$	0
1.72	Total incurred claims	\$	0
1.73	Number of covered lives		0
	All years prior to most current three years:		
1.74	Total premium earned	\$	0
1.75	Total incurred claims	\$	0
1.76	Number of covered lives		0
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 0	\$ 0
2.2	Premium Denominator	\$ 7,448,375	\$ 4,251,852
2.3	Premium Ratio (2.1/2.2)	0.0%	0.0%
2.4	Reserve Numerator	\$ 0	\$ 0
2.5	Reserve Denominator	\$ 5,663,018	\$ 4,121,055
2.6	Reserve Ratio (2.4/2.5)	0.0%	0.0%
3.1	Does the reporting entity issue both participating and non-participating policies?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3.2	If yes, state the amount of calendar year premiums written on:		
3.21	Participating policies	\$	0
3.22	Non-participating policies	\$	0
4.	FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY:		
4.1	Does the reporting entity issue assessable policies?		Yes <input type="checkbox"/> No <input type="checkbox"/>
4.2	Does the reporting entity issue non-assessable policies?		Yes <input type="checkbox"/> No <input type="checkbox"/>
4.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders?		%
4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.	\$	0
5.	FOR RECIPROCAL EXCHANGES ONLY:		
5.1	Does the exchange appoint local agents?		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.2	If yes, is the commission paid:		
5.21	Out of Attorney's-in-fact compensation		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5.22	As a direct expense of the exchange		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5.3	What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact?		
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.5	If yes, give full information:		
6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?		
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:		
6.3	What provision has this reporting entity made (such as catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?		
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss:		
7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## GENERAL INTERROGATORIES

## PART 2 – PROPERTY &amp; CASUALTY INTERROGATORIES

7.2	If yes, indicate the number of reinsurance contracts containing such provisions.	0
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes [ ] No [ ]
8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?	Yes [ ] No [X]
8.2	If yes, give full information	
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results: (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term; (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer; (c) Aggregate stop loss reinsurance coverage; (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party; (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity?	Yes [ ] No [X]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where: (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.	Yes [ ] No [X]
9.3	If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9: (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income; (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.	
9.4	Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, <i>Property and Casualty Reinsurance</i> , has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either: (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	Yes [ ] No [X]
9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.	
9.6	The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria: (a) The entity does not utilize reinsurance; or (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.	Yes [ ] No [X]
10.	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?	Yes [X] No [ ] N/A [ ]
11.1	Has the reporting entity guaranteed policies issued by any other entity and now in force?	Yes [ ] No [X]
11.2	If yes, give full information	
12.1	If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for: 12.11 Unpaid losses 12.12 Unpaid underwriting expenses (including loss adjustment expenses)	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px; text-align: right;">\$ 0</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px; text-align: right;">\$ 0</div>
12.2	Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?	\$ 0
12.3	If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?	Yes [ ] No [ ] N/A [X]
12.4	If yes, provide the range of interest rates charged under such notes during the period covered by this statement: 12.41 From 12.42 To	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px; text-align: right;">%</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px; text-align: right;">%</div>
12.5	Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?	Yes [ ] No [X]
12.6	If yes, state the amount thereof at December 31 of current year: 12.61 Letters of Credit 12.62 Collateral and other funds	<div style="border-bottom: 1px solid black; display: inline-block; width: 100px; text-align: right;">\$ 0</div> <div style="border-bottom: 1px solid black; display: inline-block; width: 100px; text-align: right;">\$ 0</div>
13.1	Largest net aggregate amount insured in any one risk (excluding workers' compensation):	\$ 2,514,000
13.2	Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?	Yes [ ] No [X]
13.3	State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic	0

## GENERAL INTERROGATORIES

## PART 2 – PROPERTY &amp; CASUALTY INTERROGATORIES

facilities or facultative obligatory contracts) considered in the calculation of the amount.

- 14.1 Is the reporting entity a cedant in a multiple cedant reinsurance contract? Yes [X] No [ ]
- 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:  
DIRECT WRITTEN PREMIUM
- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [X] No [ ]
- 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [ ] No [ ]
- 14.5 If the answer to 14.4 is no, please explain:
- 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [ ] No [X]
- 15.2 If yes, give full information
- 16.1 Does the reporting entity write any warranty business? Yes [ ] No [X]
- If yes, disclose the following information for each of the following types of warranty coverage:

		1	2	3	4	5
		Direct Losses Incurred	Direct Losses Unpaid	Direct Written Premium	Direct Premium Unearned	Direct Premium Earned
16.11	Home	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
16.12	Products	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
16.13	Automobile	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
16.14	Other*	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

\* Disclose type of coverage:

- 17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F-Part 3 that is exempt from the statutory provision for unauthorized reinsurance? Yes [ ] No [X]
- Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:
- |       |  |      |
|-------|--|------|
| 17.11 | Gross amount of unauthorized reinsurance in Schedule F-Part 3 exempt from the statutory provision for unauthorized reinsurance | \$ 0 |
| 17.12 | Unfunded portion of Interrogatory 17.11  | \$ 0 |
| 17.13 | Paid losses and loss adjustment expenses portion of Interrogatory 17.11  | \$ 0 |
| 17.14 | Case reserves portion of Interrogatory 17.11   | \$ 0 |
| 17.15 | Incurred but not reported portion of Interrogatory 17.11   | \$ 0 |
| 17.16 | Unearned premium portion of Interrogatory 17.11  | \$ 0 |
| 17.17 | Contingent commission portion of Interrogatory 17.11   | \$ 0 |
- 18.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]
- 18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0
- 18.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]
- 18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0
19. Is the reporting entity licensed or chartered, registered, qualified, eligible, or writing business in at least 2 states? Yes [X] No [ ]
- 19.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [ ] No [ ]

## FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 &amp; 3)</b>					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	62,016				
2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	8,063,816	7,906,109	3,475,597	2,170,319	2,631,777
5. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
6. Total (Line 35).....	8,125,832	7,906,109	3,475,597	2,170,319	2,631,777
<b>Net Premiums Written (Page 8, Part 1B, Col. 6)</b>					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	62,016				
8. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	7,798,511	7,353,638	3,370,805	1,871,924	1,740,501
11. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
12. Total (Line 35).....	7,860,527	7,353,638	3,370,805	1,871,924	1,740,501
<b>Statement of Income (Page 4)</b>					
13. Net underwriting gain (loss) (Line 8).....	191,025	(1,236,024)	545,387	427,462	518,726
14. Net investment gain (loss) (Line 11).....	543,625	239,332	87,959	36,106	35,074
15. Total other income (Line 15).....	250	90,500	43	15,982	
16. Dividends to policyholders (Line 17).....					
17. Federal and foreign income taxes incurred (Line 19).....	196,371	(85,116)	233,512	170,102	172,677
18. Net income (Line 20).....	538,529	(821,076)	399,877	309,448	381,123
<b>Balance Sheet Lines (Pages 2 and 3)</b>					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3).....	32,991,088	29,552,805	17,264,744	7,504,630	7,347,140
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1).....	672,947	754,070	173,428	128,984	63,774
20.2 Deferred and not yet due (Line 15.2).....					
20.3 Accrued retrospective premiums (Line 15.3).....					
21. Total liabilities excluding protected cell business (Page 3, Line 26).....	7,299,778	4,409,174	933,222	372,645	400,347
22. Losses (Page 3, Line 1).....	1,911,944	795,301	495,436	11,827	13,745
23. Loss adjustment expenses (Page 3, Line 3).....	33,538	20,370	14,877	12,549	14,096
24. Unearned premiums (Page 3, Line 9).....	3,717,536	3,305,384	203,598	192,042	127,651
25. Capital paid up (Page 3, Lines 30 & 31).....	3,000,040	3,000,040	2,500,040	2,500,040	2,500,040
26. Surplus as regards policyholders (Page 3, Line 37).....	25,691,310	25,143,631	16,331,522	7,131,985	6,946,793
<b>Cash Flow (Page 5)</b>					
27. Net cash from operations (Line 11).....	3,680,055	1,801,942	915,767	271,680	156,694
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital.....	25,691,310	25,143,631	16,331,522	7,131,985	6,946,793
29. Authorized control level risk-based capital.....	2,516,363	1,934,480	842,113	518,322	477,162
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b> (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1).....	85.8	94.3	34.3	65.6	50.6
31. Stocks (Lines 2.1 & 2.2).....					
32. Mortgage loans on real estate (Lines 3.1 & 3.2).....					
33. Real estate (Lines 4.1, 4.2 & 4.3).....					
34. Cash, cash equivalents and short-term investments (Line 5).....	14.2	5.7	65.7	34.4	49.4
35. Contract loans (Line 6).....					
36. Derivatives (Line 7).....					
37. Other invested assets (Line 8).....					
38. Receivables for securities (Line 9).....					
39. Securities lending reinvested collateral assets (Line 10).....					
40. Aggregate write-ins for invested assets (Line 11).....					
41. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1).....					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1).....					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1).....					
45. Affiliated short-term investments					
(subtotals included in Schedule DA, Verification, Column 5, Line 10).....					
46. Affiliated mortgage loans on real estate.....					
47. All other affiliated.....					
48. Total of above lines 42 to 47.....	0	0	0	0	0
49. Total investment in parent included in Lines 42 to 47 above.....					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0).....	0.0				

# **CONTINENTAL HERITAGE INSURANCE COMPANY** **FIVE-YEAR HISTORICAL DATA**

(Continued)

	1	2	3	4	5
	2018	2017	2016	2015	2014
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24).....					
52. Dividends to stockholders (Line 35).....			(75,000)	(150,000)	(650,000)
53. Change in surplus as regards policyholders for the year (Line 38).....	547,677	8,812,109	9,199,537	185,192	(267,220)
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....					
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
58. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
59. Total (Line 35).....	0	0	0	0	0
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....					
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
64. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
65. Total (Line 35).....	0	0	0	0	0
<b>Operating Percentages (Page 4)</b> (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1).....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2).....	15.0	7.1	14.4	(0.1)	(0.2)
68. Loss expenses incurred (Line 3).....	0.2	0.1	0.1	(0.1)	(0.3)
69. Other underwriting expenses incurred (Line 4).....	82.3	121.9	69.3	76.5	71.0
70. Net underwriting gain (loss) (Line 8).....	2.6	(29.1)	16.2	23.6	29.5
<b>Other Percentages</b>					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0).....	78.0	69.2	69.1	73.1	71.7
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....	15.2	7.2	14.5	(0.2)	(0.5)
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0).....	30.6	29.2	20.6	26.2	25.1
<b>One Year Loss Development (\$000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....	(783)	(493)	(11)	(14)	(20)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year-end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100).....	(3.1)	(3.0)	(0.2)	(0.2)	(0.3)
<b>Two Year Loss Development (\$000 omitted)</b>					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....	(493)	(14)	(20)	(27)	(24)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior-year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0).....	(3.0)	(0.2)	(0.3)	(0.4)	(0.4)

If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [ ] No [ ]

If no, please explain:

---

**SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES****SCHEDULE P - PART 1 - SUMMARY**

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported- Direct and Assumed
	1  Direct and Assumed	2  Ceded	3  Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX								0	XXX
2. 2009.....	1,598	84	1,514								0	XXX
3. 2010.....	1,618	85	1,533								0	XXX
4. 2011.....	1,637	77	1,560								0	XXX
5. 2012.....	2,328	1,165	1,163								0	XXX
6. 2013.....	2,621	1,311	1,310								0	XXX
7. 2014.....	2,660	902	1,758								0	XXX
8. 2015.....	2,167	359	1,808								0	XXX
9. 2016.....	3,457	98	3,359								0	XXX
10. 2017.....	4,594	342	4,252								0	XXX
11. 2018.....	7,768	320	7,448								0	XXX
12. Totals.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding- Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....												0	XXX
2. 2009.....												0	XXX
3. 2010.....												0	XXX
4. 2011.....												0	XXX
5. 2012.....												0	XXX
6. 2013.....			3	2			5	4				2	XXX
7. 2014.....			4	3			6	4				3	XXX
8. 2015.....			6	4			8	6				4	XXX
9. 2016.....			11	9			16	12	1			7	XXX
10. 2017.....			25	19			36	27	1			16	XXX
11. 2018.....			2,021	121			46	35	1			1,913	XXX
12. Totals.....	0	0	2,070	158	0	0	117	88	4	0	0	1,945	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
2. 2009.....	0	0	0	0.0	0.0	0.0				0	0
3. 2010.....	0	0	0	0.0	0.0	0.0				0	0
4. 2011.....	0	0	0	0.0	0.0	0.0				0	0
5. 2012.....	0	0	0	0.0	0.0	0.0				0	0
6. 2013.....	8	6	2	0.3	0.5	0.2				1	1
7. 2014.....	10	7	3	0.4	0.8	0.2				1	2
8. 2015.....	14	10	4	0.6	2.8	0.2				2	2
9. 2016.....	28	21	7	0.8	21.4	0.2				2	5
10. 2017.....	62	46	16	1.3	13.3	0.4				6	10
11. 2018.....	2,069	156	1,913	26.6	48.7	25.7				1,900	13
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1,912	33

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

## SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior.....	21	15	8	3	4	1					0	0
2. 2009.....	10	3	4	3							0	0
3. 2010.....	XXX	16	9	6	5	1	1				0	0
4. 2011.....	XXX	XXX	14	7	5	2		1			0	(1)
5. 2012.....	XXX	XXX	XXX	12	6	3	1				0	0
6. 2013.....	XXX	XXX	XXX	XXX	14	7	5	3	2	2	0	(1)
7. 2014.....	XXX	XXX	XXX	XXX	XXX	12	5	2	3	3	0	1
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	11	6	4	4	0	(2)
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	496	6	6	0	(490)
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	798	15	(783)	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,912	XXX	XXX
12. Totals.....											(783)	(493)

## SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior.....	000										XXX	XXX
2. 2009.....											XXX	XXX
3. 2010.....	XXX										XXX	XXX
4. 2011.....	XXX	XXX									XXX	XXX
5. 2012.....	XXX	XXX	XXX								XXX	XXX
6. 2013.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2014.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

## SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....	21	15	8	3	4	1				
2. 2009.....	10	3	4	3						
3. 2010.....	XXX	16	9	6	5	1	1			
4. 2011.....	XXX	XXX	14	7	5	2		1		
5. 2012.....	XXX	XXX	XXX	12	6	3	1			
6. 2013.....	XXX	XXX	XXX	XXX	14	7	5	3	2	2
7. 2014.....	XXX	XXX	XXX	XXX	XXX	12	5	2	3	3
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	11	6	4	4
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	496	6	6
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	798	15
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,912

# CONTINENTAL HERITAGE INSURANCE COMPANY SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

## Allocated by States and Territories

States, Etc.	1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....AL	N								
2. Alaska.....AK	N								
3. Arizona.....AZ	L								
4. Arkansas.....AR	N								
5. California.....CA	L	611,487	528,551			15,518	27,942		
6. Colorado.....CO	L								
7. Connecticut.....CT	N								
8. Delaware.....DE	N								
9. District of Columbia.....DC	L								
10. Florida.....FL	L	1,129,729	960,869			80,071	144,173		
11. Georgia.....GA	L	34,381	34,757						
12. Hawaii.....HI	N								
13. Idaho.....ID	L	55,040	53,791			216	390		
14. Illinois.....IL	L	51,000	56,616			10,338	18,614		
15. Indiana.....IN	L								
16. Iowa.....IA	L	23,213	24,795						
17. Kansas.....KS	N								
18. Kentucky.....KY	L	2,951,060	3,088,905			564,015	1,015,549		
19. Louisiana.....LA	L	52,144	53,087			3,315	5,969		
20. Maine.....ME	L								
21. Maryland.....MD	L								
22. Massachusetts.....MA	N								
23. Michigan.....MI	N								
24. Minnesota.....MN	L	23,690	26,216			482	867		
25. Mississippi.....MS	L	742	752						
26. Missouri.....MO	N								
27. Montana.....MT	N								
28. Nebraska.....NE	L		66			12	22		
29. Nevada.....NV	L	38,501	41,771						
30. New Hampshire.....NH	N								
31. New Jersey.....NJ	L								
32. New Mexico.....NM	N								
33. New York.....NY	N								
34. North Carolina.....NC	N								
35. North Dakota.....ND	L								
36. Ohio.....OH	L	142,971	72,101			8,199	14,762		
37. Oklahoma.....OK	N								
38. Oregon.....OR	N								
39. Pennsylvania.....PA	L	53,043	53,118			9,699	17,464		
40. Rhode Island.....RI	N								
41. South Carolina.....SC	L								
42. South Dakota.....SD	L								
43. Tennessee.....TN	L	214,429	217,956						
44. Texas.....TX	L	50,898	52,513			3,502	6,306		
45. Utah.....UT	L								
46. Vermont.....VT	N								
47. Virginia.....VA	L	210,863	176,946			32,309	58,175		
48. Washington.....WA	L		2,724			497	896		
49. West Virginia.....WV	L	2,480,837	2,305,416			420,955	757,746		
50. Wisconsin.....WI	N								
51. Wyoming.....WY	L	(1,573)	(647)			(118)			
52. American Samoa.....AS	N								
53. Guam.....GU	N								
54. Puerto Rico.....PR	N								
55. US Virgin Islands.....VI	N								
56. Northern Mariana Islands.....MP	N								
57. Canada.....CAN	N								
58. Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0	0	0
59. Totals.....	XXX	8,122,455	7,750,302	0	0	1,149,010	2,068,875	0	0

## DETAILS OF WRITE-INS

58001.....	XXX								
58002.....	XXX								
58003.....	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

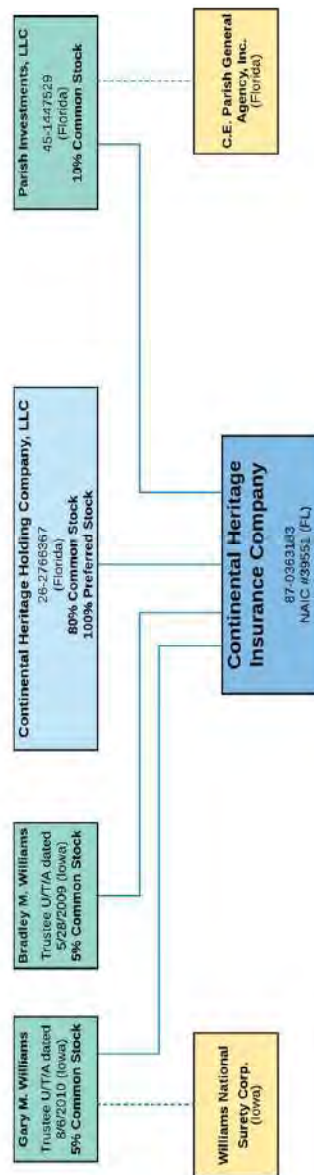
Explanation of Basis of Allocation of Premiums by States, etc.  
Premiums by state are actual numbers, not an allocation.

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	31
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI).....	0
D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.....	0

R - Registered - Non-domiciled RRGs.....	0
Q - Qualified - Qualified or accredited reinsurer.....	0
N - None of the above - Not allowed to write business in the state.....	26

Annual Statement for the year 2018 of the **CONTINENTAL HERITAGE INSURANCE COMPANY**  
**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 – ORGANIZATIONAL CHART**



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